A Study of 19 Palestinian Communities in the Southern District of the West Bank with Special Reference to the Needs of Persons with Disabilities

The Southern Regional Committee for Rehabilitation

The Bethlehem Arab Society for Rehabilitation,
The Union of Health Work Committees
and The Red Crescent Society (Hebron)

1996

PREFACE

This report presents basic information on 19 communities in the Southern District of the West Bank (Bethlehem and Hebron regions), with the intention of informing the development of a community-based rehabilitation (CBR) programme launched by the Southern Regional Committee for Rehabilitation (SRCR). The SRCR was originally formed in the early 1990s, with the Central National Committee for Rehabilitation (CNCR) as its umbrella organisation; three other regional committees are also under the rubric of the CNCR: the Gaza, Northern and Central Regional Committees. The SRCR was initially formed by three local non-governmental organisations (NGOs) working in disability rehabilitation: the Bethlehem Arab Society for Rehabilitation, the Union of Health Work Committees and the Red Crescent Society (Hebron). Gradually, seven other local NGOs working in rehabilitation joined the consortium; the founding three assumed the role of the executive committee for the group. Beginning in Gaza, these consortia gradually developed a Palestinian-specific model for CBR, building on successive practical experiences and leading to the inclusion of the experience of the earlier consortia into the model-building schemes of the new ones. The Southern District scheme is the fourth in this line of models, and thus it is likely that it is the one that has been most informed by local experience and model building.

While the field work that this report focuses on was completed during 1994 and 1995, the actual process of data cleaning, computer coding, analysis and report writing was not completed until the end of 1996. However, the information that was gathered was immediately put to use for planning purposes and assisted in developing the framework within which the project was launched. This report presents the main findings of the field work as well as the current challenges that the programme as a whole must meet.

The efforts of the following persons who contributed to the survey are gratefully acknowledged:

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ABBREVIATIONS

ADL	activities of daily living
CBR	community-based rehabilitation
CNCR	Central National Committee for Rehabilitation
NGO	non-governmental organization
PCBS	Palestine Centre of Bureaucratic Statistics
PNA	Palestinian National Authority
SRCR	Southern Regional Committee for Rehabilitation
UNRWA	United Nations Relief and Works Agency

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A Study of 19 Palestinian Communities in the Southern District of the West Bank

1.0 INTRODUCTION

This report summarises the findings of a comprehensive study of 19 Palestinian villages, towns and refugee camps in the Southern District of the West Bank (the area surrounding Bethlehem and Hebron). It provides basic data on the general socio-economic conditions of these communities, focusing on documenting the conditions and assessing the needs of persons with disabilities, with the aim of informing a CBR project that is now underway.

These CBR activities are part of a programme originally formed in the late 1980s with the notion of local model building for CBR of disabled persons. The initial steps were taken in the Gaza Strip, with the active financial and technical support of the Swedish NGO, Diakonia, and in close cooperation with the Central National Committee for Rehabilitation (CNCR). Composed of the large majority of Palestinian NGOs working in the area of disability rehabilitation, the CNCR formed the umbrella group for the development of regional committees. Gradually, Norwegian Aid for the Disabled joined Diakonia in its efforts to technically and financially assist the CNCR and the regional committees in further developing the local CBR model.

Today, it is no longer possible to visualise these CBR activities as a mere project. Rather, the different programmes have gelled into national-level experience, vision and strategy. Historically, rehabilitation services in the area have been predominated by institutional care, so one cannot underestimate the achievement of developing the original notion of CBR into an over-arching framework that now is influencing Palestinian National Authority (PNA) policy formation.

The development of the SRCR Project took place under exceptional circumstances. While the first three projects (developed in Gaza, the North and the Centre of the West Bank) took root before the advent of the PNA, when the country was still under Israeli military rule, the Southern Project was launched during the period when the PNA was taking over responsibilities from the Israeli Military Authorities in different spheres, including the health, education and social services sectors. At that stage, the SCRC as well as the other three Committees forming the CNRC began to rethink their roles and readjust plans in line with emerging realities. At this stage, perhaps the most important issue at hand is the way in which the CNRC and its consortia could continue to forge actively cooperative links with the PNA so as to ensure that the needs and aspirations of disabled people are met.

The Southern CBR project's evolution rested in part on the development of practical field experience in Gaza, the Northern and the Central West Bank projects and in part on the presence of a referral system in Bethlehem that is able to meet the secondary-level referral needs of disabled people. The SRCR benefited from the development of the other projects in different ways. For instance, by the time that the SRCR was about to begin its activities, extensive intervention of international trainers was no longer needed. Rather, the majority of the trainers were based locally, having developed their training abilities, experience and confidence as the different projects developed. Concurrently, Bethlehem University was training physiotherapists; after discussions with SRCR, it agreed to train its students practically, with respect to CBR. Perhaps the most important development of all within the national-level programme was the evolution of a structure of coordination, cooperation and information exchange among the different CBR projects. By the time the SRCR was operating, annual conferences of rehabilitation workers and monthly meetings of CBR managers were already taking place. This existing infrastructure allowed the SRCR project a headstart on its activities, based on the exchange of experiences with the other regional CBR projects. Indeed, this structure of cooperation and

information exchange proves crucial for the developments taking place today in the Southern CBR Project.

This study focuses on communities that have different socio-economic and cultural characteristics; while all 19 communities are located in Southern West Bank, the regions are disparate. The Hebron region is well known for being rather more underdeveloped than the rest of the West Bank; in certain socio-economic indicators, it resembles the Gaza Strip more than the West Bank. In contrast, the Bethlehem region is known to provide a variety of institutions serving disabled people, mostly at the secondary level of care; it also enjoys better socio-economic conditions. Among the 19 communities studied, there were towns with as much as 30,000 inhabitants, and hamlets with as small as a few hundred. Some of the communities were largely composed of original peasant inhabitants, others of settled Bedouins and yet others of refugees. While this versatility contributed to some difficulties in data analysis, it also contributed greatly to the wealth of experience generated from the practical implementation of the CBR projects in these different communities.

2.0 THE RESULTS

These 19 communities are located in the Southern Region of the West Bank, in both the Bethlehem and Hebron Regions. Among these communities, there is one refugee camp (al-Dheisheh Refugee Camp), in the Bethlehem Region, and three towns (defined for our purposes as localities with a population of 10,000 people or more), all located in the Hebron Region: Yatta, al-Samou' and al-Thahrieh. The remaining communities, located in the Bethlehem Region, are smaller, with populations ranging from 350 to about 7000 people. Those communities are: Tqou' and its four hamlets; Wadi Foukin; Nahalin; Housan; Battir; al-Khader; Za'tara and its two hamlets; and al-'Ibeidieh and its hamlet. With a total of about 15,500 households surveyed, we estimate that the large majority of households in these communities have been covered; field workers believe that well over 90% of the total households there have been entered.

Although these communities vary considerably in terms of origin (refugee camp, village and town inhabitants), size (ranging from about 350 to about 30,000 people) and socio-economic structure, for the purposes of this report, they were categorised into two regional groups: the Bethlehem Region and the Hebron Region. The Hebron Region communities were all towns, while the Bethlehem ones were one refugee camp and villages (here defined as not more than 7000 persons). The analysis begins by looking at all of the communities together and then attempts to locate differences between them, based on the regional location of these communities. While there were different ways in which one could have divided these communities for further analysis (for instance, Ta'amreh settled Bedouin communities versus peasants, refugees and town dwellers), it was decided that regional location

was an important factor in examining disability in general and access to services in particular: Hebron not only suffers from the severe shortage of services but also possesses general socio-economic and cultural characteristics that differ substantially from the Central or Northern Regions of the West Bank[1].

[1] Heiberg, M., Ovensen, G., et.al. *Palestinian Society in Gaza, West Bank and Arab East Jerusalem: A Survey of Living Conditions*, FAFO Report 151, May 1993 (FAFO); more recently, Palestine Center of Bureaucratic Statistics (PCBS), *The Demographic Survey in West Bank and Gaza: Preliminary Report*, Ramallah, March 1996.

3.0 GENERAL DESCRIPTION OF THE SURVEY POPULATION

In total, 15,487 households were included in this survey, representing the majority of the households in these communities. Of those, 43% are located in the villages and the refugee camp of the Bethlehem Region, while the rest (57%) are located in three towns in the Hebron Region. The total population was found to be around 116,000 people. Of the total surveyed population, about 41%, or 47,300, live in the Bethlehem Region catchment area, and the rest, about 59% (68,800 people), live in the Hebron catchment area (see Appendix A for details).

3.1 Distribution of Population by Origin

Overall, 59% of the population surveyed lived in towns (all in the Hebron catchment area) and denoted themselves as original inhabitants of those locations, while 6% designated themselves as refugees (mostly found in al-Dheisheh refugee camp in the Bethlehem catchment area). This percentagefor refugees is lower than the percentages quoted for both the West Bank (just over one quarter of the population) and the Gaza Strip (about two thirds of the population)[2]. In this survey, 35% denoted themselves as original dwellers of villages, all in the Bethlehem catchment. However, of the total population, 16% are of Ta'amreh Bedouin tribe origins, who have settled in the Bethlehem area (see Appendix A). Although

[2] FAFO, p.360.

the Ta'amreh and refugees of al-Dheisheh camp certainly deserve an analysis category of their own, because of different origins and socio-economic settings (and possibly, in the case of the Ta'amreh, cultural practices) relative to the other villagers of the West Bank, such an analysis is beyond the scope of this report. It is highly recommended, however, that further analysis of the data is completed at a later time. One potential area of focus is the differences among these groups; related is the relationship of these differences to the occurrence of disability and the manner in which it is perceived and handled by families and communities.

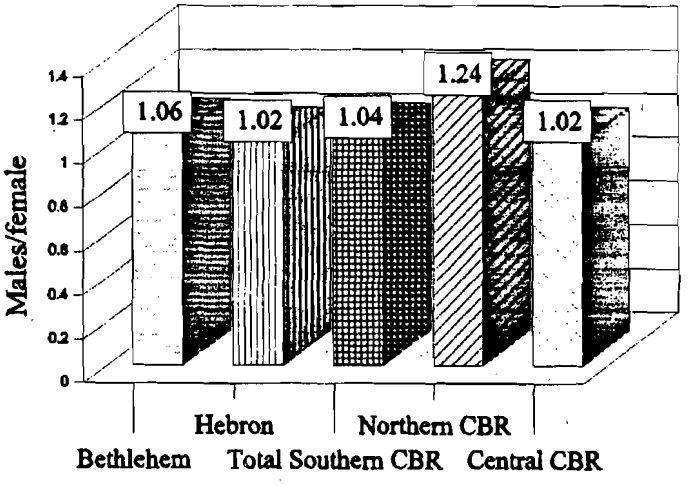
Other than in the al-Dheisheh refugee camp, very few refugees live in these communities. Only 1.2% of the inhabitants of villages and towns self-reported as refugees. This is important in terms of the access of the population to services. Traditionally, the United Nations Relief and Works Agency (UNRWA) has catered to refugee health care, social service needs and education, building over the years a reasonably strong network of free-of-charge services within camps and rendering such services directly accessible to the population. In contrast, the villages and towns of the West Bank have to rely on governmental or private sector health care services. The former are more underdeveloped than UNRWA ones for understandable reasons, primarily years of neglect by the Israeli military authorities; the latter is inaccessible geographically, as they are found mostly in towns and are costly as well. A notable exception is Bethlehem, which has a relative abundance of a variety of services, including those catering to disabled people. As many of the services are operated by NGOs, one would expect that such services are more accessible to the Bethlehem catchment population than they are to the Hebron catchment area, where NGO activities remain very low. We will investigate this point later in this report and raise the necessary questions in terms of the referral services needed by the CBR project in these areas.

3.2 Distribution of Population by Gender

The overall ratio of males to females in this population is high, with an average of 1.04 males per female. The male-to-female ratio in the Hebron catchment area is 1.02, while that of the Bethlehem catchment area is 1.06 (see Figure 1).

Figure 1[3,4]

Male-to-Female Ratio



These results are interesting in more than one respect. First, with females constituting 49% of the population overall, we find that the ratio of males to females is higher in the Bethlehem Region than in the Hebron Region; one

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[3] The Northern Regional Committee for Rehabilitation, *A Study of 22 Palestinian Villages in the Jenin District with Special Reference to the Needs of Persons with Disabilities*, West Bank, 1994, p.14.

[4] The Central Regional Committee for Rehabilitation, *A Study of 23 Villages in the Central District of the West Bank with Special Reference to the Needs of Persons with Disabilities*, West Bank, 1995, p.12.

would have expected the reverse, mainly because of the very difficult life conditions for women in the relatively underdeveloped Hebron area. Such "missing" cases could be explained in two ways: the underreporting of females, or the absence of females because of neglect and premature death (relative to males). Both proposed explanations were expected to be more predominant in the Hebron district (relative to Bethlehem). Although the difference between the two regions is not very significant, it should be noted as a possible indicator of female neglect[5]. Regardless, the question as to why this ratio is relatively higher in the Bethlehem Region remains unanswered here.

Moreover, it is important to note that the above figure also indicates that the male-to-female ratio in the Southern Region covered by this survey of 1.04 compares favourably with the Northern Region, with a high of 1.24 males per female, and is comparable to the Central Region, at 1.02 males per female. Thus, the Southern Region appears to fall between the Northern and the Central Regions in terms of this indicator of health and thus possibly of overall socio-economic development. When examining this disability data, one should keep this placement in mind, in view of the consistently higher proportion of males with disabilities in the three other CBR regional studies that have been completed by the projects in the West Bank and Gaza Strip. These results raise the issues of selective neglect of disabled girls and women, relative to the males, and of the need to pay special attention to women when operating CBR projects.

[5] Analysis of the FAFO Infant and Child Mortality data, conducted by Rita Giacaman, indicates a slight overrepresentation of males in the infant and early childhood years, and raises questions about the discrimination against girls and women in Palestinian society, leading to premature death relative to males.

3.3 Household Size

The average household size in this study population was found to be significantly higher than the household sizes of either the Northern or the Central Region communities (see Figure 2).

Figure 2[6,7]
Family Statistics

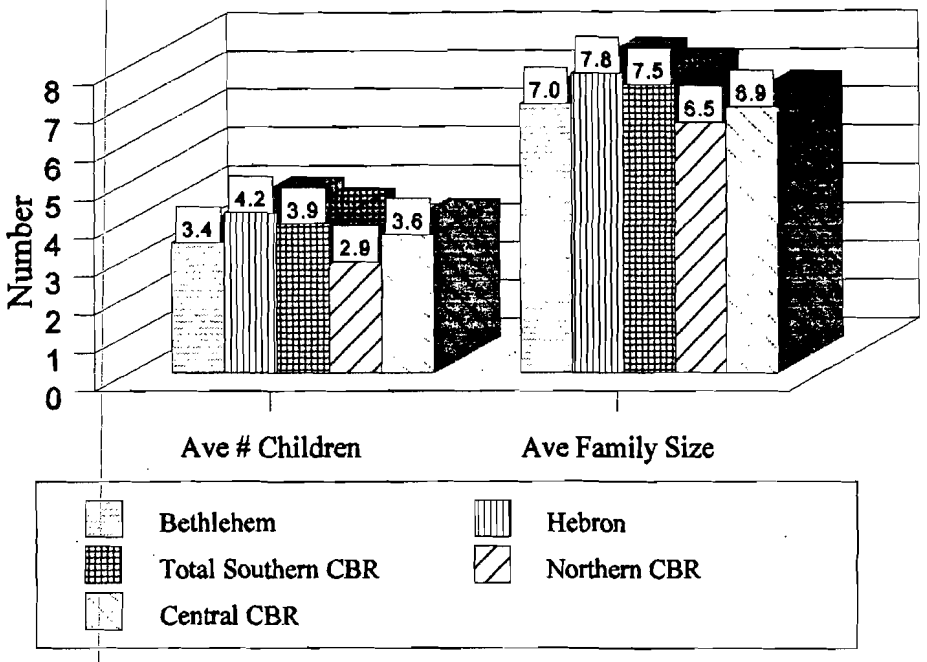


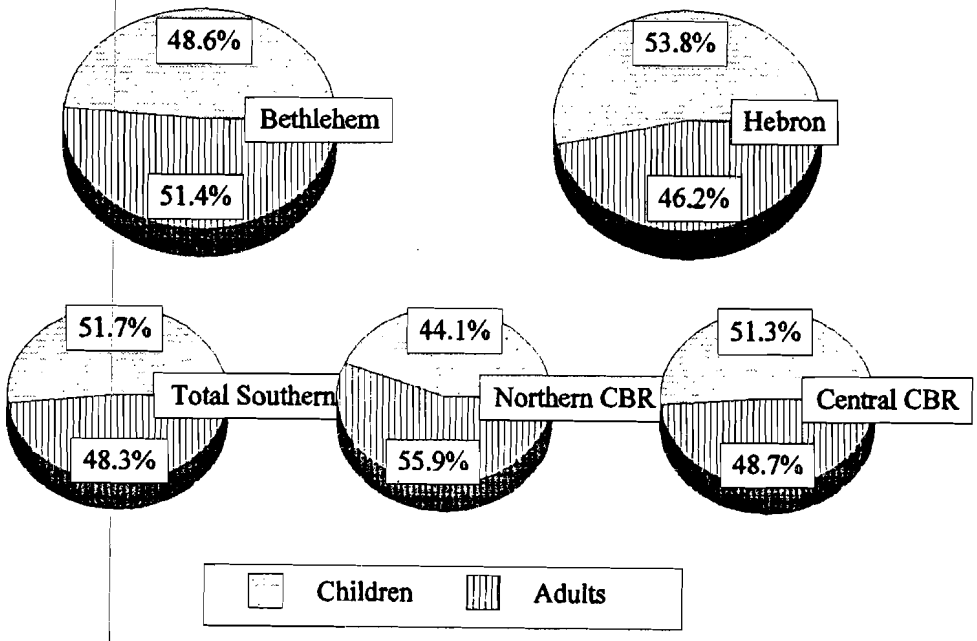
Figure 2 indicates that, overall, the household size found for the Southern West Bank Region is substantially higher than those for the Northern and Central West Bank Regions, with a high average of 7.5 family members for the South, relative to 6.5 and 6.9 for the Northern and Central Regions,

[6] Northern Regional Committee, op.cit., p.15.

[7] Central Regional Committee, op.cit., p.13.

respectively. Notice that the Hebron Region has the highest family size overall (7.8 people), in comparison to 7.0 for the Bethlehem Region villages. That is, it appears that the Bethlehem Region family sizes are close to being comparable to those of the Central Region of the West Bank and that Hebron towns stand out as having the largest family sizes. While it is generally assumed that family size relates to the overall state of community development, the present limitations of this study precludes the possibility of attempting to explain this apparent sharp difference between the Hebron Region and the other CBR regions. It would be truly interesting to attempt to find out the causes of such differences in future studies.

Figure 3
Proportion of Children to Total Population



A possible explanation of the differences in family sizes pertains to the total number of children per family relative to the total number of family members (see Figure 2). As might be expected, Figures 2 and 3 indicate that the larger the overall percentage of children within a population, the larger the family size as well. That is, the data at hand suggest that families in the Southern West Bank—Hebron to a larger extent than Bethlehem—tend to have larger family sizes not because of the larger proportion of adults within families but rather because they tend to have more children than do families in the other two regions of the West Bank. These data appear to be consistent with other studies denoting a higher fertility for the Southern West Bank relative to the other West Bank regions[8]. It will be interesting to see how this increased number of children—due to higher fertility, lesser child mortality or both—relates to the presence and rate of disability in this population compared to the CBR population of the other regions of the West Bank.

[8] FAFO, op.cit.

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4.0 SOCIO-ECONOMIC STATUS OF SURVEY POPULATION

The socio-economic status of the communities surveyed was assessed utilising different types of indicators: work and educational patterns among heads of households, home ownership patterns, type of dwelling, crowding rates and wealth status[9]. Wealth status of individual households was then crosstabulated with various indicators to allow relationships between indicators to emerge.

4.1 Work Patterns among Heads of Household

The majority of male heads of household in the Southern communities surveyed sought livelihood as wage workers, with 64% in Bethlehem, more than 69% in Hebron, and a total of 67% for both Southern Regions combined (see Table 1). In Hebron, there were more male heads of household working as labourers (69% in Hebron as compared to 64% in Bethlehem) or as farmers (7% in Hebron in contrast to 3% in Bethlehem). In turn, a higher proportion of Bethlehem heads of household either work in offices or privately (19% in Bethlehem versus 16% in Hebron) or are unemployed (14% in Bethlehem in contrast to 8% in Hebron). In other words, although not so dissimilar, work patterns of male heads of household

[9] Wealth status was assessed based on internal community differentiation (rather than by comparing one community to the others) by the field workers who possess a good knowledge of the communities.

differ between these two regions, probably reflecting the basis of the regional economy as well as the general overall state of socio-economic development in the two regions.

Table 1
Male Head of Household Employment Type (%), by CBR

Work Type	Southern CBR			Northern CBR	Central CBR
	Bethle.	Hebron	Total		
Unskilled and semi-skilled labourers	64	69	67	42	60
Farmers	3	7	5.5	18	7
Other (office, private)	19	16	17	24	16
Unemployed, prison	14	8	10.5	16	17

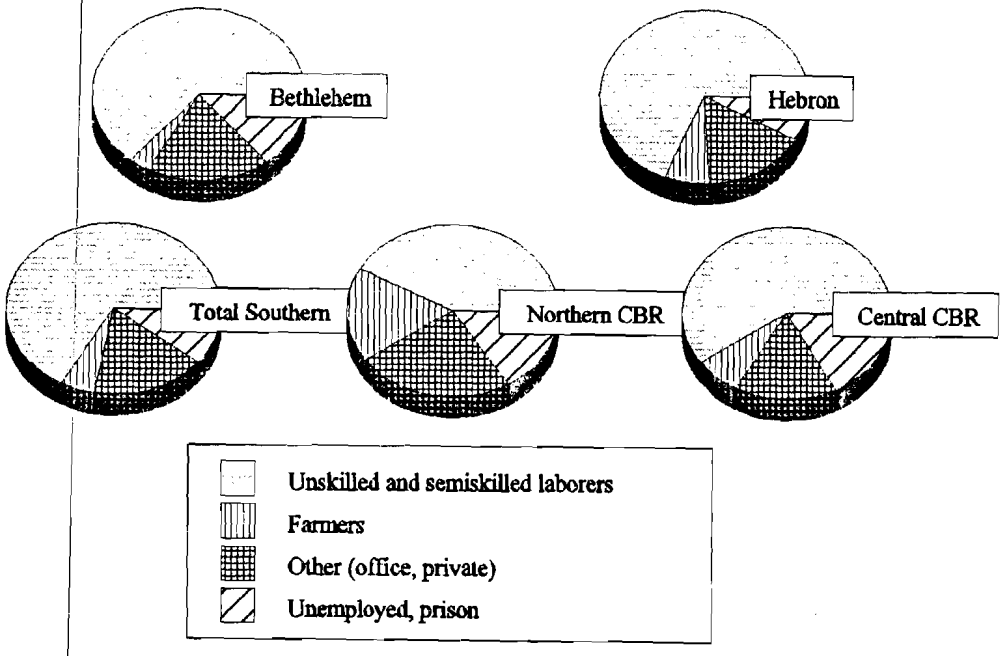
(χ^2=318.74813, p<0.005)

In addition, these results stand in sharp contrast to what was found in Northern and Central West Bank, where labourers comprise a percent of the working population ranging anywhere from 42% in the Northern Region to 60% in the Central Region villages. Notice also that a very low proportion of both the Bethlehem and Hebron Region heads of household work as farmers, with only 3% and 7% respectively, close to the 7% in the Central West Bank but in contrast to 18% in the Northern West Bank. That is, this data indicate that agriculture is no longer a primary means of earning income in these Southern Region communities; rather, for all practical purposes, wage labour is the main means of living.

Curiously, unemployment in the Hebron villages is noticeably lower than in all other regions, with 8% of male heads listed as unemployed in the Hebron communities, in contrast to 14% in the Bethlehem communities, 16% in the

Northern West Bank communities, and 17% in the Central West Bank communities. While the surveys of these communities took place at different times (about a year apart), this time difference does not explain the discrepancy in unemployment rates among the different regions. These results, however, point to the need to pay a particular attention to the households of unemployed heads when working in CBR projects, as poverty so often predisposes to illness, insufficient care during pregnancy, birth and early life, and, consequently, disability and death.

Figure 4
Type of Work among Male Heads of Household



4.2 Educational Attainment among Heads of Household

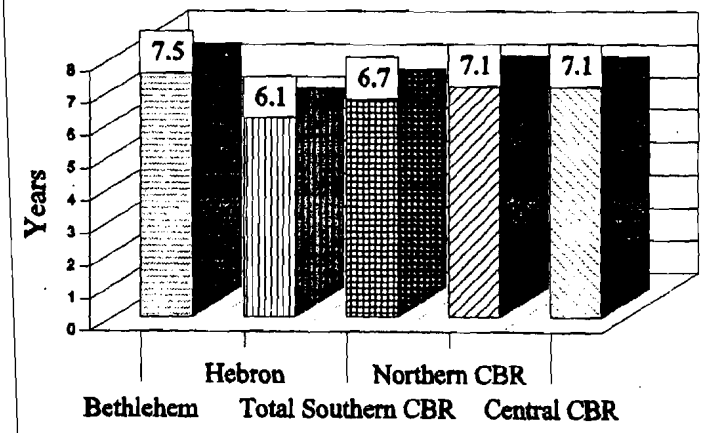
On the whole, Hebron area communities seem to be the least educated, judging from data obtained from male heads of household only (see Table 2 and Figure 5). These data, however, are not reflective of educational levels of the community at large and probably instead represent patterns of education of previous generations. Nevertheless, a clear educational difference among the regions' heads of household is observed, with a mean educational attainment for the Hebron communities of 6.1, compared to 7.1 for both the Northern and Central area communities and a high of 7.5 years for the Bethlehem area communities. This is one of the first indications of a relative advantage of heads of household living in the Bethlehem area and goes in line with the expectations that Bethlehem area communities have greater access to educational opportunities than other areas and regions of the West Bank. This is because Bethlehem town is known to offer more educational, health and other services than other regions, with a relatively high concentration of NGO and church-related programmes providing basic needs to the population of the town as well as the communities nearby. Note that the difference in educational attainment of male heads between the Hebron and Bethlehem communities was found to be statistically significant (χ^2=213.93626, $p \leq 0.005$).

Crosstabulation of the type of work that male heads of household engage in by their educational level shows a significant relationship between work and educational attainment, with farmers having less education than office workers, and with labourers falling within the middle educational category. Specifically, farming is the profession for 16% of those with no formal education, 5% of those with 1-6 years of schooling, 2% of those with 7-12 years and 1% of those with more than 12 years. In contrast, unskilled or semiskilled labour is performed by 45% of those who had no education, 76% of those with 1-6 years of schooling, 81% of those with 7-12 years and 34% of those with more than 12 years. Office work is done by only 1% of those with no education, 2% of those with 1-6 years of schooling, 4% of those

Table 2
Male Head of Household Educational Level (%), by CBR

Educational Level	Southern CBR			Northern CBR	Central CBR
	Bethle.	Hebron	Total		
No education at all	18	24	21	16	13
1-6 yrs of schooling	28	35	32	32	33
7-12 yrs of schooling	41	33	37	41	44
13-22 yrs of schooling	13	8	10	12	10

Figure 5
Mean Educational Level
of Male Heads of Household



with 7-12 years, and a high of 51% of those with more than 12 years. As would be expected, the highest proportion of unemployed people were found to be in the uneducated category (28% of those with no education were unemployed), in contrast to those with 1-6 years of schooling (8%

unemployed) or those with 7-12 years and 13 or more years of schooling (4%) (χ^2=6986.54244, $p \leq 0.005$). Caution is required when interpreting these results, mainly because the relationship found here between education and work is confounded by age. That is, it is generally known that those who have no or minimal education tend to be men of the older generation; one must consider, still, that unemployment is partially determined by advancing age, and job opportunities are only partially determined by educational levels.

A closer look at the relationship for the male head of household between educational attainment and other determinants reveals an association between education and place of origin. Specifically, we found that, on the whole, refugee male heads of household reported higher educational levels than non-refugees. Seventeen percent of refugees had no formal education, in contrast to 22% of non-refugees, whereas an additional 17% of refugees had more than 12 years of schooling, in contrast to 10% of non-refugees (χ^2=111.48149, p<0.0005). Yet, despite higher educational attainment and the consequent assumption that better education allows for better work opportunities, in fact a larger proportion of refugees listed themselves as unemployed. Specifically, we found that 67% of non-refugees worked as wage labourers, in contrast to 57% of non-refugees; 7% of non-refugees worked in white collar jobs, in contrast to a high of 17% of refugees; 10% of non-refugees worked privately, in contrast to a low of 0.5% of refugees; and 10% of non-refugees listed themselves as unemployed, in contrast to 17% of refugees (χ^2=195.34734, p<0.005). These results suggest three points of interest. First, they suggest that more educated refugees tend to concentrate in office-type jobs, although still over half work as labourers. Second, the results further indicate that private work and farming jobs are not accessible to refugees, as one would expect. Finally, the data reveal that male refugees have a higher rate of unemployment than the rest of the population of their respective CBR Regions.

4.3 Educational Attainment and Work Patterns among Female Heads of Household

As expected, the average educational attainment of female heads of household (4.539 years) was found to be significantly lower than that of male heads of household (6.672 years). The mean educational attainment for female heads of household covered by this survey was found to be comparable to the means for the Northern (4.7 years) and Central (4.4 years) Regions covered by the CBR projects. The results for the Southern Region, however, combine the results for both the Bethlehem and Hebron communities. When those are separated, serious regional differences become evident, with the mean educational attainment for Bethlehem female heads higher than for any other region (5.632 years), while that of Hebron female heads was found to be the lowest of all (3.711 years). Clearly, the disadvantage in terms of access to basic services, such as education, in the Hebron communities has a more pronounced impact on women than it does on men. These results appear to corroborate existing beliefs that the conditions of women in the Hebron Region are rather more difficult than in the other regions of the West Bank.

As one would expect, the large majority of women in the surveyed areas listed themselves as housewives "that do not work", as housework, childbearing, childrearing and family caretaking is not valued or considered work by neither the women nor the society. The rest of the female heads worked either in offices or in different types of jobs, such as sewing, wage labourers or *dayyas* (traditional birth attendants). Although the percentage of women working in offices (for example, teachers or secretaries) is too small to be subjected to meaningful further analysis, it is interesting to note that 3% of the total number of women from the Bethlehem area communities listed themselves as working in offices, in contrast to 1% of female heads of the Hebron area communities (see Appendix A).

4.4 Home Ownership Patterns

The rate of home ownership is consistent with patterns found in the villages of the West Bank, with 96% of the total number of households surveyed reporting that they own their homes and with minimal differences between the two studied regions (see Appendix A). In contrast, the FAFO survey found that 26% of homes included in the survey were rented; the difference between the two surveys can be accounted for by the inclusion of urban areas in the FAFO survey[10]. Interestingly, there were no substantial differences in home ownership patterns between the Bethlehem villages and the Hebron towns (see Appendix A), indicating that the Hebron towns have not yet been sufficiently transformed to allow for the rental of homes to people coming from outside the town to live and work. These appear to be closed economies, with the population subsisting only partially (perhaps minimally) off the land and with the work force engaged in wage labour either within the towns or elsewhere, most likely in Hebron City.

4.5 Home Types

One of the important indicators of wealth usually is the materials with which a home is built. Generally speaking, and with the exception of very old homes, homes built of limestone tend to denote a higher wealth status than homes built of concrete or brick. In these communities, it was found that 42% of the homes are built of stone. Bethlehem communities fare better than Hebron ones, with 56% of homes in the Bethlehem community built of stone, as compared to 31% of those in the Hebron community. If indeed homes built of stone are an indication of wealth, then these results indicate the financial advantage of families living in the Bethlehem community. In addition, this information reinforces the results obtained previously with

[10] FAFO, op.cit., p.41.

work and education, pointing to the disadvantage of Hebron Region communities and the need to pay special attention to the population of this area when operating CBR projects.

4.6 Crowding Rates

The mean number of rooms per household in this survey was found to be 2.9 rooms per house, with a high of 3.0 for the Bethlehem area villages and a low of 2.8 for the Hebron area communities. These results are similar to those found for the Northern CBR Region (3.0) and more than the Central CBR Region (2.6). However, it is difficult to establish adequate comparisons of space occupied by families without taking into account the total number of family members, so as to relate space to those who live in this space and to assess its adequacy. Thus, dividing the total number of persons living in a household by the total number of rooms provides us with the crowding rate, a considerably improved measure of wealth and quality of life.

Table 3
Percentage of Crowding Rate Category, by Region

Crowding Rate	Southern CBR			Northern CBR	Central CBR
	Bethle.	Hebron	Total		
<2 persons per room	46	33	38	50	38
2-3 persons per room	44	47	45	38	45
4-12 persons per room	10	20	17	12	17[11]

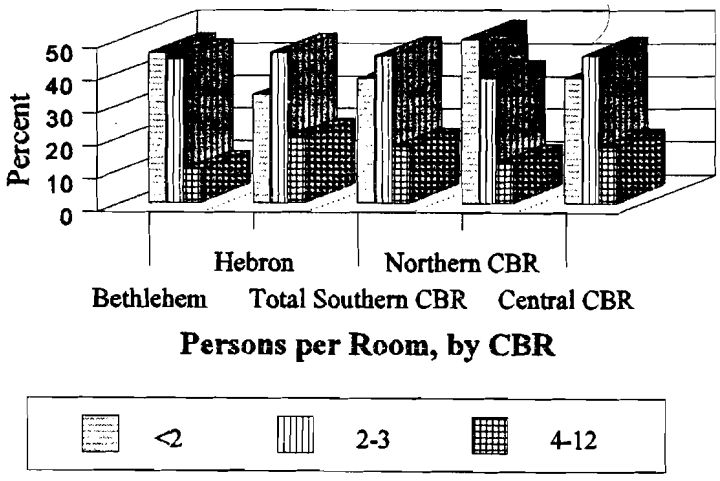
χ^2=461.08173, p<0.0005

[11] The figures for the Central CBR Region were recalculated from the original data to allow for comparisons.

As can be seen from Table 3 and Figure 6, the Northern CBR Region and Bethlehem appear to have similar crowding rates, with 50% and 46% of people living in up to two persons per room respectively, with the Central area taking second place with 38% living with up to two persons per room, and a low for Hebron, with 33% living with up to two persons per room. Here, the highest crowding rate is found in Hebron, with 17% living with more than four persons per room, followed by the Central area, with 17%, the Northern area, with 12% and a low of 10% for Bethlehem. We find here a similar pattern to what was noted above, with Hebron appearing to be most deprived in relation to this indicator of quality of life, followed by the Central area, and with Bethlehem appearing to be the most advantaged region of all the regions that we have studied so far. Note also that the differences between Bethlehem and Hebron in crowding rates were found to be statistically significant (χ^2=461.08173, p<0.0005).

Figure 6

Crowding Rates



4.7 Wealth Status

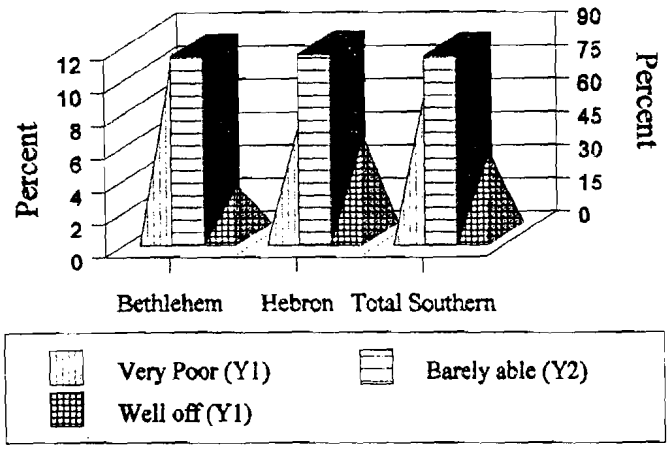
An examination of the results obtained from the assessment of the field workers of wealth status of communities reveals that, for the entire study, the field workers categorised the majority of families as barely able to make ends meet (see Table 4 and Figure 7).

Table 4
Percentage of Family Wealth Status, by Region

Family Wealth Status	Bethlehem	Hebron	Total
Well off	3	6	5
Barely able to make ends meet	86	87	86
Very poor	11	7	9

Although the results showed in the above table and following figure are merely an internal measure to gauge wealth and should not be compared with results obtained elsewhere (except perhaps for those listed as unemployed), they indicate that there is a small proportion of the population of the surveyed region that is well off. In fact, according to the reports of the field workers and those responsible for the project, those who are well off are quite so, notably in the Hebron Region. That is, while the Hebron Region consistently fares worse than all the other regions surveyed by CBR projects in the West Bank, it also houses some very well-off individuals, in stark contrast to the general developmental state and living conditions in the three towns as a whole. In other words, while the general infrastructure and service network in the Hebron Region is quite underdeveloped, the Region also contains a substantial amount of wealth concentrated within a few families.

Figure 7
Family Wealth Status



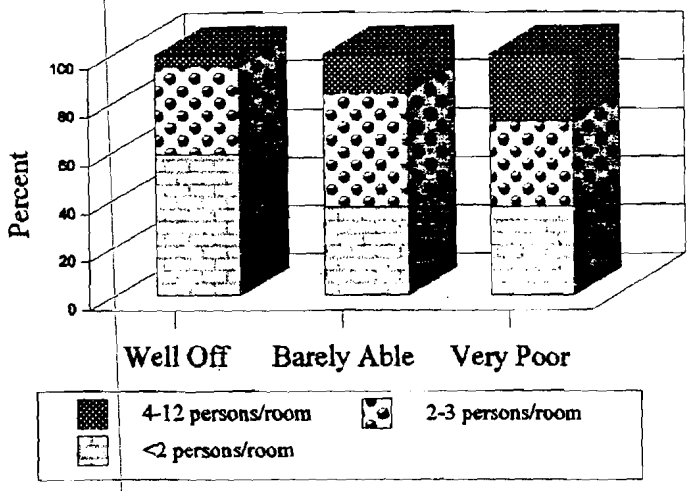
Crosstabulation of wealth status with the other indicators of wealth obtained in this survey revealed no relationship between dependency ratio (the number of dependents in a family per worker) and wealth, but did show strong relationships with male and female head of household levels of education, with crowding and with the type of house in which families live (see Table 5 and Figures 8-12).

Table 5
Indicators of Wealth (%), by Wealth Status

Indicator of Wealth	Well Off	Barely Able to Make Ends Meet	Very Poor
Crowding (χ^2=294.10416, $p \leq 0.0005$)			
Up to 2 persons per room	59	37	37
2-3 persons per room	36	47	35
4-12 persons per room	5	16	28

Indicator of Wealth	Well Off	Barely Able to Make Ends Meet	Very Poor
House type (χ^2=740.03761, $p \leq 0.0005$)			
Stone	84	41	24
Concrete	14	56	68
Mixed (cave, tent, charity)	2	3	8
Education, Male Head of Household (χ^2=485.09231, $p \leq 0.0005$)			
No education at all	13	20	44
1-6 years of schooling	27	32	31
7-12 years of schooling	40	38	22
13-22 years of schooling	20	10	3
Education, Female Head of Household (χ^2=335.42026, $p \leq 0.0005$)			
No education at all	32	39	60
1-6 years of schooling	22	26	23
7-12 years of schooling	36	31	16
13-20 years of schooling	10	4	1
Work, Male of Household (χ^2=1776.52207, $p \leq 0.0005$)			
Labourer	41	68	50
Farmer	3	6	4
Office	14	8	2
Private	38	9	4
Unemployed	4	9	40

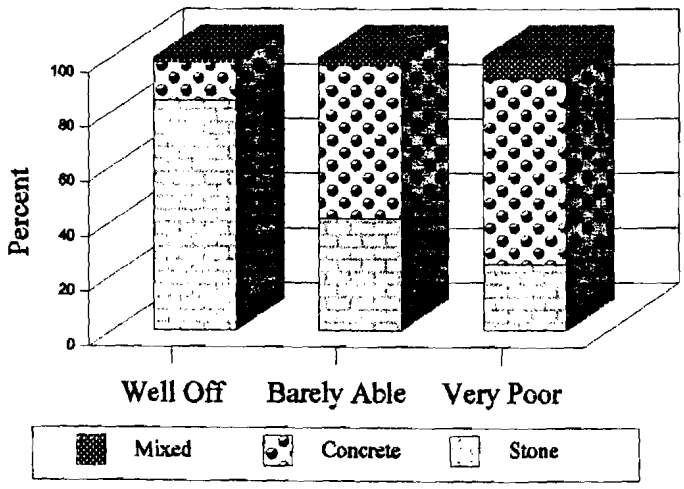
Figure 8
Wealth and Crowding



The above table and these figures are interesting in more than one respect. First, although the large majority of the population was placed in the middle income category, leaving very few people in the well-off and poor categories, we are still able to confirm strong relationships between wealth status and other objective indicators of wealth. Notice, for instance, that crowding appears to be a good measure of family wealth status, with only 5% of the well off living with 4-12 persons per room, in contrast to 28% of the poor.

Confirming the general impression of most local people, the material with which the house was built appears to be strongly associated with wealth status. Specifically, 84% of those living in stone houses are well off, in contrast to 24% of the poor.

Figure 9
House Type



Likewise, the education level of the male head of household was found to rise with wealth: 20% of the well off had more than 12 years of schooling, double the percent for those of middle-income (10%) and in contrast to only 3% of very poor males. These data suggest wealth as a determinant of education, in addition to the probable effect of age: older generations are less educated than younger ones. Still, given the limitations of this study, or the absence of data on age, it is impossible to specify this relationship. The same pattern is found when examining the relationship between female head's wealth and education. The two increase concomitantly; 60% of the very poor female heads have had no education at all, while the same is true for only 32% of the very well off.

Figure 10

Education, Male Head of Household

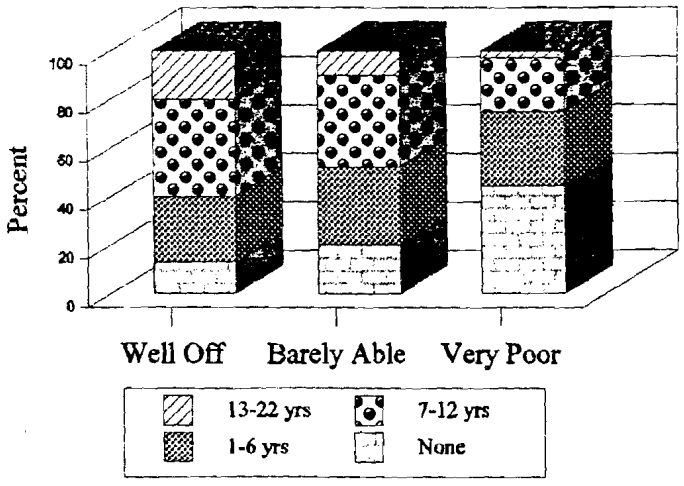
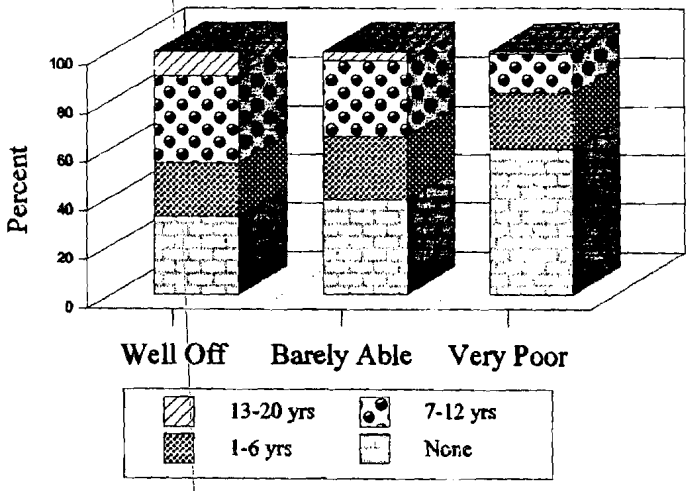


Figure 11

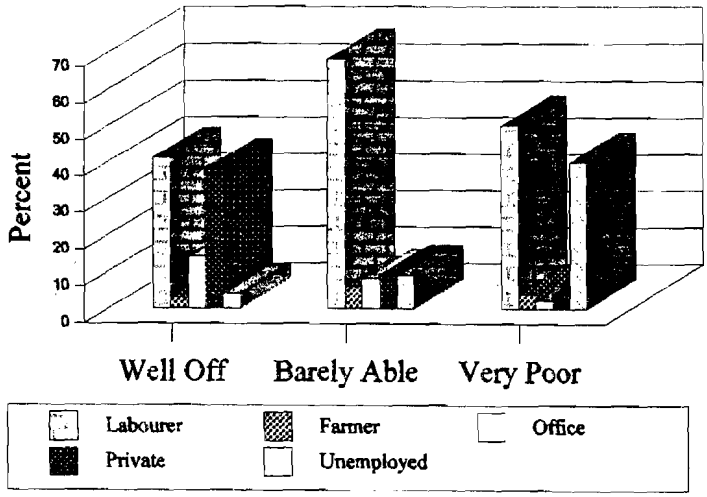
Education, Female Head of Household



The work of the male head of household also appear to be related to wealth, although a significant proportion of heads of household appear to work as labourers: 41% of the well off, 68% of the middle category and 50% of the poor. However, notice that as many as 38% of the well off work in their private business, in contrast to only 4% of the poor. These data suggest that business/commerce is an important source of wealth for a small proportion of the population. Likewise, only 4% of the well off were listed as unemployed, in contrast to a high 40% of the very poor. These data suggest a strong (however expected) relationship between unemployment and poverty and points to households with unemployed heads as groups that require special attention from the CBR project.

Figure 12

Wealth and Employment Type



Interestingly, no relationship was found between the dependency ratio (total number of persons in the household/working person) and wealth, suggesting that, in these communities, the total number that each working person support is less important perhaps than the type of work they do, the income they generate, or the cumulative income of all those who are working,

regardless of the number of dependents. To check this hypothesis, we crosstabulated the number of working persons within each household by household family wealth and found a significant, positive association between the total number of working people within a household and the wealth status of the household (see Table 6 and Figure 13).

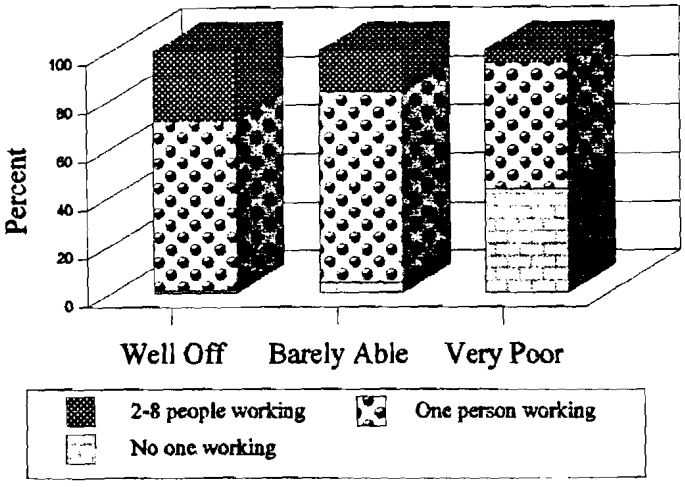
Table 6
Number of Household Members Working (%), by Wealth Status

Total Working in Household	Well Off	Barely Able to Make Ends Meet	Very Poor
No one working	1	4	43
One working	70	79	52
2-8 persons working	29	17	5

$\chi^2=2871.79769, p\leq 0.0005$

The above table indicates that, again, the category designed as very poor has the most frequency of no one working in the family, with 43% of the very poor with no one working in the family, in contrast to 4% of the middle category and a low of 1% of the well off. In contrast, the table also indicates that families who have from two to eight members of their family working at the time of the survey were significantly better off than the others, with a high of 29% of well-off households denoting that two or more persons from their family were working, while 17% of the middle income category and a low of 5% of the very poor reported two or more persons working in their family. The above table then reinforces the notion that poverty is associated with unemployment, with the most deprived being those families that have none of their members working. At the same time, the table suggests that work not only has an impact on wealth but also that the effects of multiple workers on family wealth is cumulative, not additive. Several working

Figure 13
Wealth and Number Employed



members allows for extra savings; as long as one's lifestyle is not exorbitant, feeding and housing a large number of family members involves diminishing marginal costs. In other words, meeting the basic needs of ten people corresponds to costs that are less than ten times the costs of the basic needs of one person. This is especially true in conditions where one's lifestyle entails minimal individual costs—such as the cost of education, extracurricular activities, clothing, entertainment etc.—and where the costs of childbearing and childrearing are deferred to women and the extended family at no extra cost. Indeed, in a socially underdeveloped setting, it is financially logical for extended or large families to live together, particularly if the money earned by the family members all contributes to increasing the collective wealth, as appears to be the case here.

While subjective assessments of wealth by field workers should not be used as the sole basis for assessing family wealth, they are useful to help identify or confirm particular indicators as measures of wealth. Together, such indicators can help identify the very poor (those who are expected to suffer most from a low quality of life, ill health, disease and disability) and can help the CBR project focus special attention on these families.

5.0 DESCRIPTION OF PERSONS WITH DISABILITIES IN THIS SURVEY

From a total population of 116,100, 2729 persons were identified as disabled and administered a special disabled persons' questionnaire. This places the rate of disability in these communities at 2.4%, a rate that is similar to that obtained for both the Northern (1.9%) and Central (2.6%) West Bank CBR projects. Of the total number of households, 85% reported not having any disabled members, 13% reported the presence of one disabled member, and 2% reported the presence of from two to six disabled members among the family. Once again, these results are comparable to the results obtained for both the Northern and Central Regions of the West Bank, where CBR projects are in operation (see Table 7).

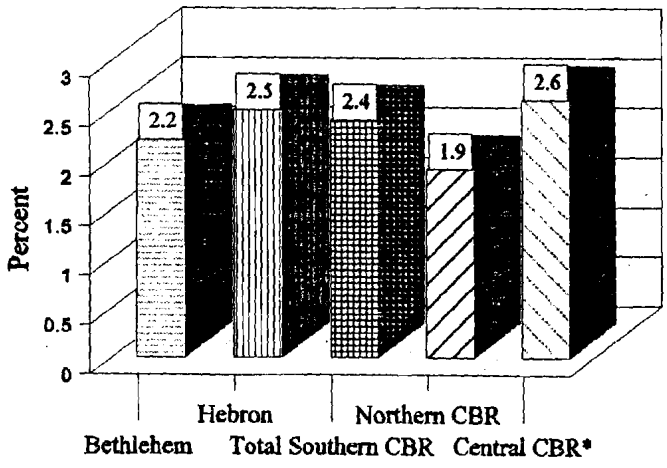
Figure 14 indicates that, overall, the lowest rate of disability appears to be found in the Northern CBR Region (1.9%), which is exceeded by the Bethlehem Region (2.2%) and the Hebron Region (2.5%); the disability rate for the survey's combined Southern Region was 2.4%. Here again, Hebron seems to fare worse than Bethlehem or the Northern CBR Region in terms of the percentage of households that reported the presence or absence of disabled members; 16% of households in the Hebron Region reported having at least one disabled member, more than those in either the Northern Region (12%) or the Bethlehem Region (13%). Notice that Table 7 also demonstrates the presence of a higher percentage of households with more than one disabled member in Hebron, relative to the other regions, with 3% of households reporting having more than one disabled members, 2% for the North and a low of 1% for the Bethlehem Region surveyed population. In

Table 7
Rate of Household Disability as a Percentage of Region

Number of Disabled Household Members	Southern CBR			Northern CBR	Central CBR
	Bethle.	Hebron	Total		
None	87	84	85	88	*
One	12	13	13	10	*
More than one	1	3	2	2	*

* Data pertaining to the Central West Bank CBR Region is unavailable.

Figure 14
Disability Rate



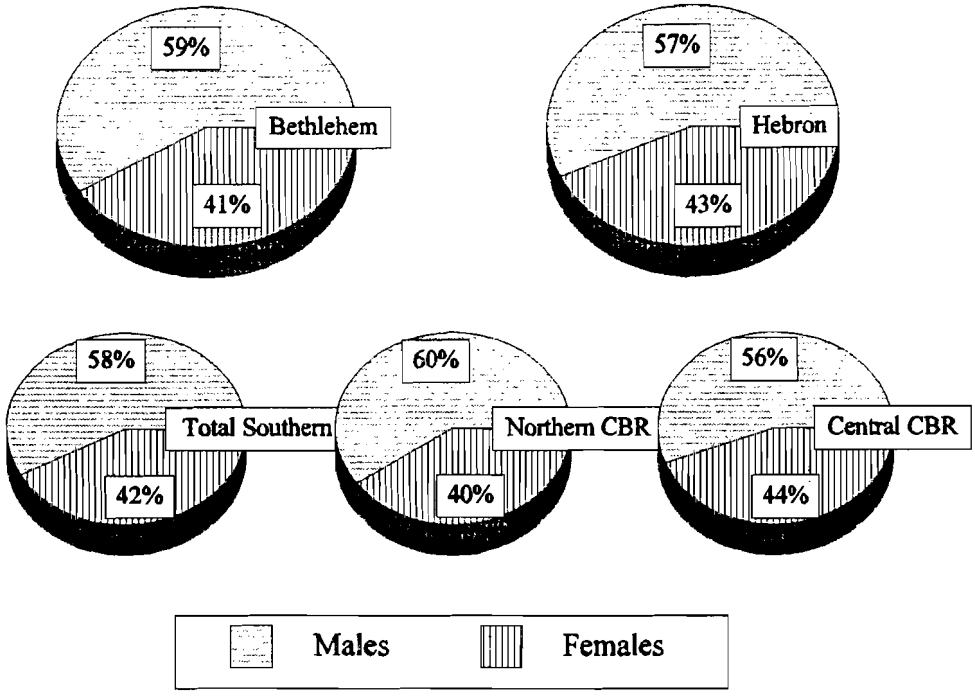
* This is a rate that has been estimated, based on population estimates not completed in the Central Region survey. Consequently, although listed here, it should not be used for comparative purposes, as it has not been determined from Central Region survey data.

other words, not only does Hebron appear to have a more serious rate of disability than the rest of the surveyed populations of the West Bank, but it also has a larger proportion of households affected. Hebron Region reported that 3% of its households had more than one disabled members, pointing to this particular group as a priority for action by the CBR project.

5.1 Distribution by Gender

In line with the findings of the Northern and Central West Bank CBR project reports, this study reveals that, of all disabled persons found in the Southern CBR communities, there is a greater proportion of disabled males (58%) than females (42%; see Figure 15). This information is interesting in more than one respect. First, one notices a consistent difference in the ratio of disabled males per female, in favour of males, that is, with definitively less disabled females than males in all the communities surveyed. These results are also consistent with the results obtained for the Gaza Strip CBR projects, covering three localities. Thus, at this stage, it would be safe to generally state at least that this apparent phenomenon of "missing" disabled women is relevant to all the communities studied, whether in the West Bank or Gaza Strip, and deserves a systematic and comprehensive examination. These data raise questions regarding the cause of the above noted discrepancy between disabled males and females: is it that disabled women are more disadvantaged than disabled men, with a higher social cost and with less access to services, where this disadvantage appears to contribute to a higher rate of illness and premature death, relative to disabled males? Or, perhaps could it be related to the underreporting of disabled females, where families either forget about the presence of disabled females when interviewed or are hesitant to declare the disabled females because of the stigma involved? Regardless of the exact cause of error (as both causes point to female disadvantage), the information obtained from this study and the other CBR studies combined confirm the need to systematically raise the issues of disability and gender as an issue in its own right. Such a stand is warranted

Figure 15
Disability by Gender



in view of evidence available to us and derived from published data pertaining to a clear health status and nutrition differential between male and female children (favouring males) in West Bank and Gaza Strip[12]. This view is further supported by general observation regarding the status of women in Palestinian society, where favouritism of males is evident on almost every level and is rooted in a patriarchal, male-dominated society that basically devalues women and their work. We will have a chance to examine this gender differential later when we look at data pertaining to age.

[12] On differentials in Infant Mortality Rates, see UNICEF and the Jerusalem Family Planning and Protection Association, *A Survey of Infant and Child Mortality in the West Bank and Gaza Strip*, Jerusalem, 1992. For nutritional differentials, see Giacaman, R., *Life and Health in Three Palestinian Villages*, Ithaca Press, London, 1998, and the more recent *UNICEF Bernadette Report on Gaza*.

Figure 15 also demonstrates insignificant differences in the disabled males per female ratio between Bethlehem and Hebron. Given the general impression about the conditions in Hebron, and the difficulties of life conditions particularly of women there, one would have expected a greater male-to-female discrepancy in Hebron than in Bethlehem. However, given the possible problem of underreporting of disabled females, it is difficult to make any definitive statements here except to reiterate the need to systematically examine the issue of disability and gender in Palestinian society and the need for the CBR project workers to pay special attention to disabled females, their needs, problems and life conditions.

5.2 Distribution by Age

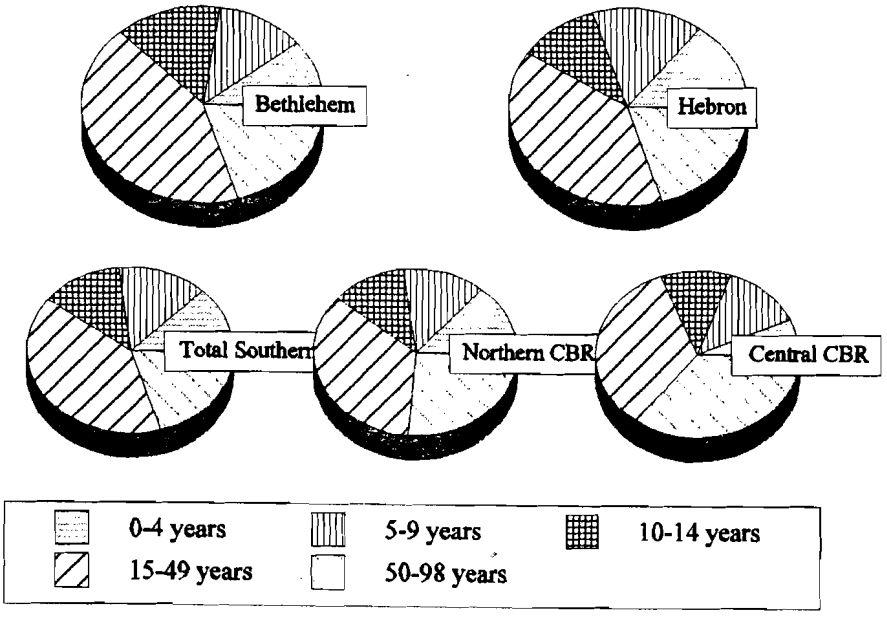
The age of the disabled who were included in this survey ranged from a few months to 98 years. Of the total, 13% were found to be under the age of 5 years, 14% between 5 and 9 years, 13% between 10 and 14 years, 45% between 15 and 59 years and 15% 60 years of age or older (see Table 8 and Figures 16-17).

When examining the age distribution of surveyed disabled persons in these communities and contrasting them with distributions of the other CBR regions, interesting comparisons can be made. First, notice that the highest rate of disability among children 0-4 years old is found in the Hebron communities, with a high of 15%, relative to 14% in the North, 11% in Bethlehem and a low of 7% in the Central Region communities. Notice also that the percentage of disabled children of Hebron begins to drop relative to those of other communities at ages 10-14 years, raising questions as to the possibilities of the early death of these disabled children.

Table 8
Distribution of Disability (%), by Age and Region

Age	Southern CBR			Northern CBR	Central CBR
	Bethle.	Hebron	Total		
0-4 years	11	15	13	14	7
5-9 years	12	15	14	13	13
10-14 years	14	11	13	12	11
15-49 years	43	39	40	35	34
50-98 years	20	20	20	26	35

Figure 16
Disability by Age



Central CBR
7
13
11
34
35

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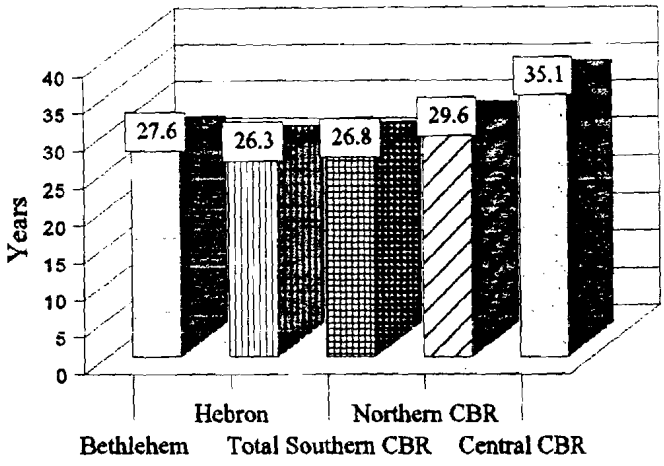
Figure 17

Mean Age of Disabled



The results in Table 8 imply the persistence of causes of disability at birth and at a very early age to a higher extent in Hebron and secondarily in the North of the country. The first question they raise is the availability and adequacy of prenatal, perinatal and child care services in these areas. Indeed, it is well known that these two regions suffer disadvantages in the availability and quality of such services. These results also question the adequacy of care for disabled children in Hebron and point to the need to look further into this issue. In all, these results suggest that a first-line attempt to prevent the occurrence of disability is a systematic improvement of services in these areas, through a strong network of primary care services systemically linked to referral services. It should be pointed out, however, that another possible cause for this higher occurrence of disability very early in life might pertain to a higher rate of cousin marriage in the Hebron and Northern communities. We will have a chance to examine this hypothesis later on in this report (see Section 6.1).

The need to systematically examine the level and quality of disability care in the area is also important in terms of the prevention of early death and of the maximisation of the potential of disabled children to lead a fulfilled, integrated life.

Striking, too, is the relative occurrence of disability in older age. Notice that all of the regions report a disproportionate percentage of older disabled people, relative to the age structure of older people in the area (less than 5% of the population; see also Section 6.2) with the Central CBR Region reporting the highest percentage of disability at ages 50 years or over (35%), followed by the Northern CBR Region (26%), and Bethlehem and Hebron (20%). While a rising rate of disability with age is natural, the discrepancies among the regions cannot be understood solely in those terms. One factor might be the occurrence of a demographic transition—decreased infant mortality, increased life expectancy and thus an increased percentage of adults and people in old age—at different stages in the different regions. Another explanation could be that exposure to disabling conditions vary by region. It also could be that more people are reported as disabled in areas where geriatric and older people's care services are unavailable (like the North and the South of the country); this differential reporting could happen because ordinary gradual system failures of older age are perceived as "disabilities" when there is a dearth of support systems for the elderly and their families.

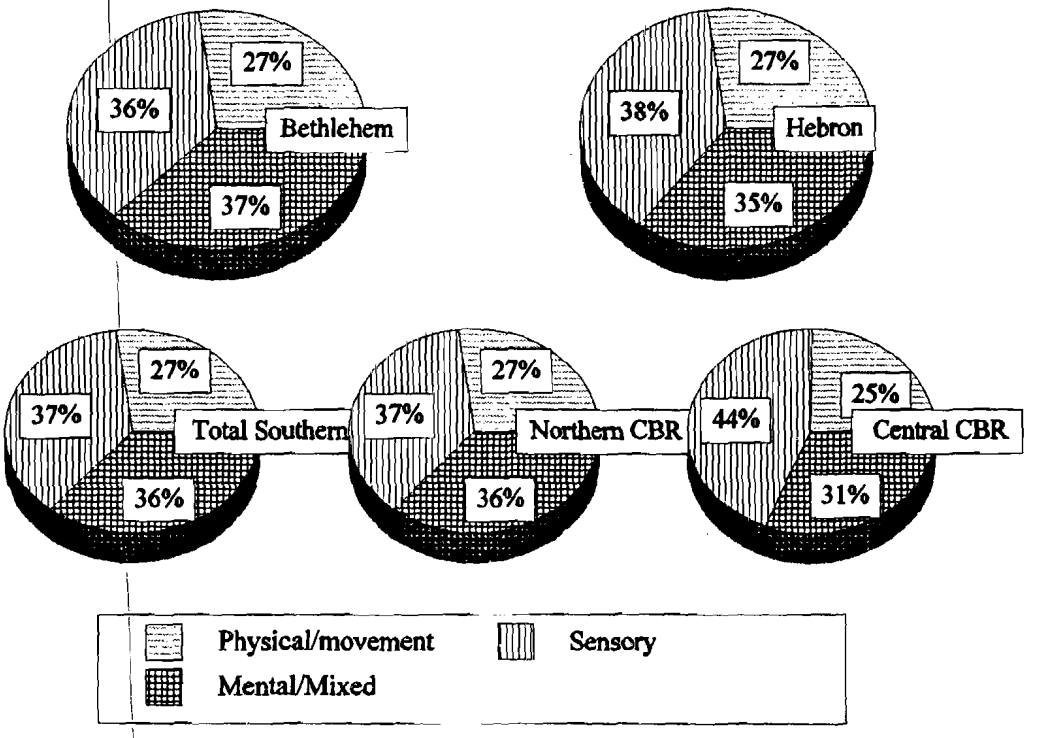
Another question that bears consideration relates to the cause of disabilities in adult life. Notice that in the Bethlehem Region, as much as 43% of the disabled are between the ages of 15-49 years; in Hebron, 39%; in the Northern CBR Region, 35%; and in the Central CBR Region, 34%. It is unfortunate that this study did not collect data pertaining to the number of years that respondents suffered from the disability. That is, given the limitations of available data, it is impossible to tell whether these disabilities occurring among adults are due to causes related to childhood or to causes pertaining to their exposure to disabling situations in adult life, such as occupational hazards, political violence, or traffic or home accidents.

5.3 Type of Disabilities

In total, we found that 73% of reported disabilities in this survey were single (the occurrence of only one type of disability) in nature, while 27% were multiple. There were some differences in the rates of single-to-multiple disabilities between the Bethlehem and Hebron communities, but those differences were not appreciable.

Figure 18

Disability by Age



As for the specific types of disabilities, Figure 18 demonstrates that 27% of the disabilities in the Bethlehem and Hebron communities related to movement, a percentage that is exactly the same as the percentage of the total disabilities found for the Northern CBR Programme. While these

surveys do not represent a representative sample of communities in the area, the above data suggest that patterns of occurrence of physical disability in the area are about the same. This is important in view of the general emphasis placed in disability rehabilitation on movement disabilities, often to the detriment of the other types, when it appears that such disabilities do not even compose a third of all disabilities in the society at large.

Notice that the rate of sensory disabilities in these different CBR communities changes considerably from one community to the other. In all the CBR regions, except the Central CBR projects, the rate of sensory disability (auditory, oral, or visual) is about the same, with 36% for the Bethlehem Region, 38% for the Hebron Region, and 37% for the Northern CBR communities, in contrast to a high of 44% in the Central Region villages. While a definitive statement regarding this difference of the Central Region cannot be made here, because of the limitations of the data, one explanation pertains to the age structure of the disabled population: the Central Region reported a disproportionate number of older disabled people relative to the other areas. Other contributory factors, while certainly possible, are beyond the scope of this report.

Again, the rate of mental/mixed disabilities is about the same for all the communities except those in the Central Region (probably because of the disproportionate percentage of sensory disabilities), with 37% of the disabilities in the Bethlehem Region found to be mental or mixed (mental, physical and sensory), 35% in the Hebron Region, 36% in the Northern Region and a low of 31% in the Central CBR communities. We will look at the impact of these disabilities in terms of the total number of activities of daily living (ADL) that are or are not performed by these disabled people shortly in this report (see Section 5.4). This information can serve as a gauge for the priority requirements of activities in this CBR project.

The average number of disabilities per person for the Southern communities (nearly identical to the rates for Hebron and Bethlehem alone) was found to

be 1.2 disabilities per person, an average that is higher than that of the Northern CBR communities (1.04)[13]

While there were no differences in the type of disability by gender in this survey, disability type varied with age, with disabilities due to movement increasing with age: among those 60-98 years old, 33% of disabilities are movement-related, in contrast to 29% for those 15-59 years and 23% for those under 15 years old. In contrast, mental disabilities were significantly more predominant in the younger generations, representing 41% of disabilities for those under 15 years old, 38% for those 15-59 years old and only 17% for those 60 years or older. Sensory disabilities followed the same pattern as movement ones, with 36% affecting the disabled under 15 years old, 33% of those 15-59 years old and 50% of those 60 years or older (χ^2=83.77606, p<0.0005). In line with the findings in the other CBR surveys and one's expectation of normal life processes, the data indicate that sensory and movement disabilities rise as a function of age. In contrast, mental/mixed disabilities decrease with age, raising the question that perhaps they are related to non-environmental or familial causes or that those with mental/mixed disabilities may not survive as long as those with the other types of disabilities. Thus, these results point to the mentally disabled as a priority for action by the CBR workers.

5.4 ADL

The survey administered in this questionnaire included a number of questions regarding the abilities of disabled people to perform a variety of basic daily

[13] Data pertaining to the average number of disabilities per person for the Central Region communities are unavailable. These values were calculated from total number of disabilities divided by total number of disabled persons (eg. for Southern: 3275 disabilities/2729 disabled persons). Data for Northern: Northern Regional Committee, op.cit.

tasks. Such skills include eating, dressing, cleaning and other such skills that they can either perform alone, with assistance or not without the total support of their families. In a sense, this gauges the severity of the disability, the extent to which the disabled person is dependent on his/her family and the family disability burden. Finally, this is a measure that can be used for planning purposes; one can estimate the total number of ADL that need to be learned by these disabled people to assist them in gaining some independence. This self-reliance can improve both their lives and the lives of their families, especially of their mothers, sisters and other women in their families (the principal caretakers of disabled people in the home).

Table 9 demonstrates that a total of 2503 and 4353 ADL need to be learned in the Bethlehem and Hebron communities, respectively, with a combined total of 6856. The average number of ADL to be learned per disabled person was found to be 2.4 in Bethlehem and 2.6 in Hebron, averaging to 2.5 for the Southern Region as a whole. In the other CBR studies, we found that the number of ADL that need to be learned per disabled person was as high as 2.8 skills per person for the Northern CBR Region, in contrast to a low of 2.1 ADL per disabled person for the Central CBR Region (see Figure 19). That is, the Southern CBR Region appears to fall in between the two others in terms of the number of skills that need to be taught, a gauge for the type and amount of work required by CBR workers. The data also imply that the disabled of the Northern CBR Region are in need of the greatest variety of assistance, followed by the Southern and then the Central Region.

It must be noted here that, on the whole, the data obtained by this survey revealed that between a quarter and over half of the disabled persons in these communities were unable to complete basic daily living tasks. Thus, there is a clear need for assistance in learning these skills.

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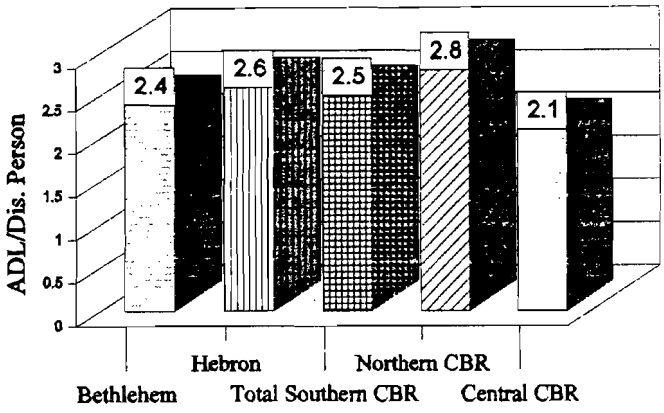
Table 9
Performance of ADL—Number of Persons, by Skill Level and Region

ADL	Performs with Difficulty or Help			Unable to Perform		
	Beth.	Hebron	Total	Beth.	Hebron	Total
Eating	94	196	290	51	75	126
Cleaning	152	352	504	174	196	370
Toilet	111	196	307	99	143	242
Dressing	165	299	464	111	160	271
Sitting	59	81	140	43	65	108
Standing	78	153	231	88	141	229
Walking ten steps	102	214	316	99	173	272
Moving inside house	96	191	287	63	126	189
Moving outside house	142	257	399	176	288	464
Understanding instructions	125	215	340	50	59	109
Expressing needs	121	221	342	56	104	160
Understanding sign language	90	136	226	39	86	125
Using sign language	60	100	160	59	126	185
Total skills	1395	2611	4006	1108	1742	2850

Figure 19[14]

Average Number of ADL to be Learned, Per Disabled Person



These results are important in another respect as well: as an indirect measure of the severity of the conditions under which disabled people live. If they cannot manage basic daily activities, then their condition must be severe. This is true whether due to the severity of the disability or to the lack of attention, stimulation or attempt to teach these skills to the disabled by their families and communities. On the whole, these results are also quite similar to the results obtained from the Gaza Strip CBR projects, where an average of 2.8 ADL per disabled person need to be taught. These results reinforce the notion that, on the whole, when services for the disabled are not provided within a given environment, ADL levels will be comparably low.

[14]Bethlehem: 2503/1037 = 2.4 ADL per disabled person; Hebron: 4353/1692 = 2.6 ADL per disabled person; Total Southern: 6856/2729 = 2.5 ADL per disabled person; data for Northern CBR Region from Northern Regional Committee, op.cit.; data for Central CBR Region from Central Regional Committee, op.cit.

5.5 Community Integration

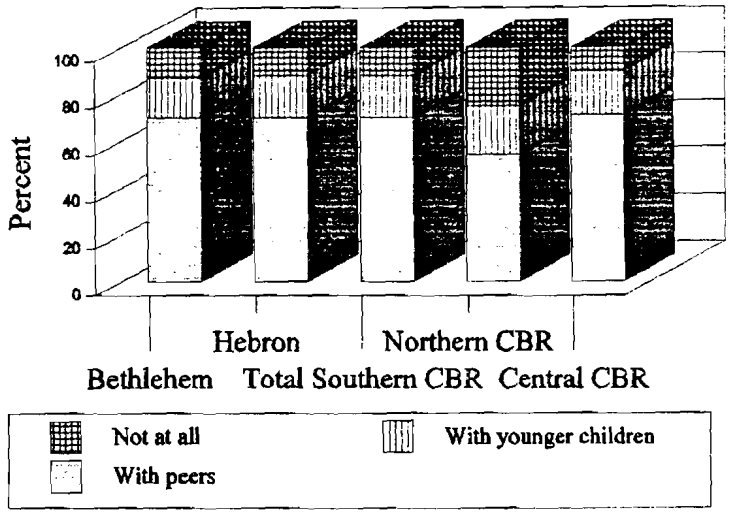
In this survey, the degree to which persons with disabilities were integrated into their communities was measured by the level of participation of disabled people in a variety of family, social and educational activities. Analysis of the data on children revealed the following (see Table 10 and Figures 20-21).

Table 10
Selected Social Activities of Children with Disabilities (%), by Region

Social Activity	Southern CBR			Northern CBR	Central CBR
	Bethle.	Hebron	Total		
Play					
Plays with peers	70	70	70	54	71
Plays with younger children	17	18	18	21	19
Does not play at all	13	12	12	25	10
School					
Goes to school regularly	38	40	39	43	52
Goes to school as younger children	2	1	1	5	4
Goes to school but no homework	4	1	2	7	0
Goes to special school	13	2	6	0	9
Does not go to school at all	43	56	52	45	35

Figure 20

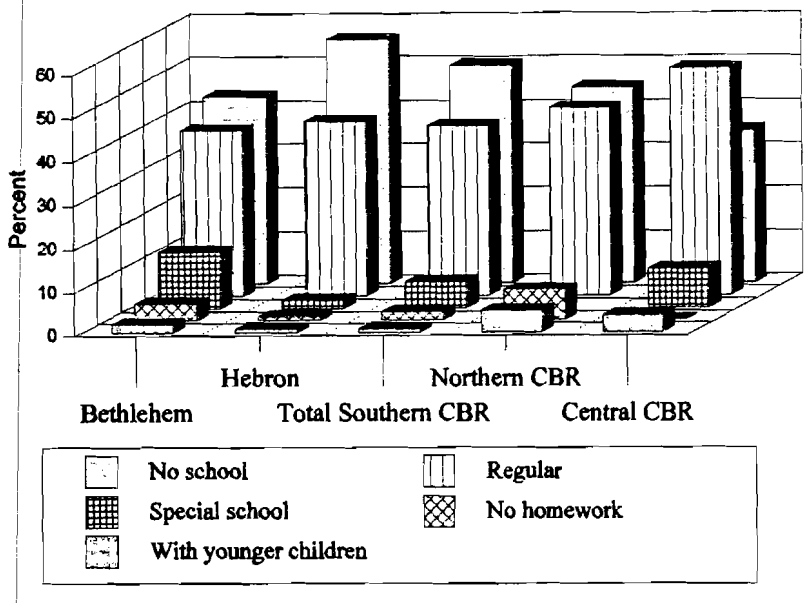
Play Activity of Disabled Children



An examination of Table 10 reveals that 70% of the children of the Southern communities play as ordinary children do, with exactly the same rate for Bethlehem and Hebron respectively, and that 12% of the children do not play at all. Although ability to play clearly depends on the type and severity of disability, all children, regardless of disability, need to play and be played with and stimulated by family and community. Thus, the 12% of disabled children in the Southern CBR Region who do not play (and their families) should be assisted by the CBR project in play and stimulation activities; these are needed not only for human reasons but also because play can assist in skill development. An interesting observation is that a high of 25% of Northern Region children were reported as not playing at all, in contrast to similar results for both the Central and Southern Regions (around 10%). It is beyond the scope of this study to ascertain the causes of this difference found in the North Region. However, it is recommended that the CBR project teams would discuss this difference, in an attempt to explain whether this is due to neglect of families, the severity of disability or both.

Figure 21

School Activity of Disabled Children



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The above table also shows that only 38% of the Bethlehem Region children who are of school age go to school regularly, and 40% of the Hebron Region do so, averaging to 39% of the disabled children in the Southern CBR project who go to school regularly. These results are similar to those obtained for the country's Northern Region but disparate from those for the South, where a high of 52% of children go to school regularly. Such attendance indicates a better integration level for the children of the Central Region, relative to the other CBR regions. Notice, however, that for Bethlehem, a high of 13% of the disabled children are absorbed in special schools for disabled people—indirect evidence of the greater availability of services in the Bethlehem Region than in all the other regions. In contrast, only 2% of the disabled children from the Hebron communities go to special schools, and 9% of those from the Central Region of the West Bank. Finally, a very high and certainly alarming 56% of the disabled of the Hebron communities do not go to school at all, contrasted to the lower 43% or 45% in Bethlehem and the Northern CBR Regions respectively, and a low of 35%

for the Central CBR Region. These results indicate that the Hebron Region's children should be on the top of the priority action list for the Southern CBR Project. Indeed, schooling in its various forms is an essential component of not only stimulation, but also of efforts to integrate the disabled into regular life and to maximise their potential, so they can lead a full life.

Table 11
Selected Social Activities of Disabled Persons (%), by Region

Social Activity	Southern CBR			Northern CBR	Central CBR
	Bethle.	Hebron	Total		
Joins family activities					
Yes (always)	84	77	80	62	90
Sometimes	10	15	13	23	6
Not at all	6	8	7	15	4
Joins social activities					
Yes	59	57	58	30	68
Sometimes	19	22	20	32	15
Not at all	22	21	22	38	17
Job/income					
Yes	14	15	14	8	20
Sometimes/not enough	8	9	9	9	8
None at all	78	76	77	83	72

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Central CBR
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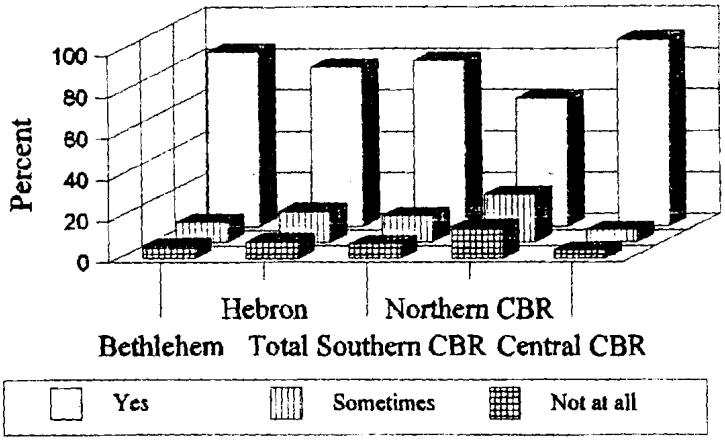
Figure 22

Frequency of Disabled Persons Joining in Family Activities

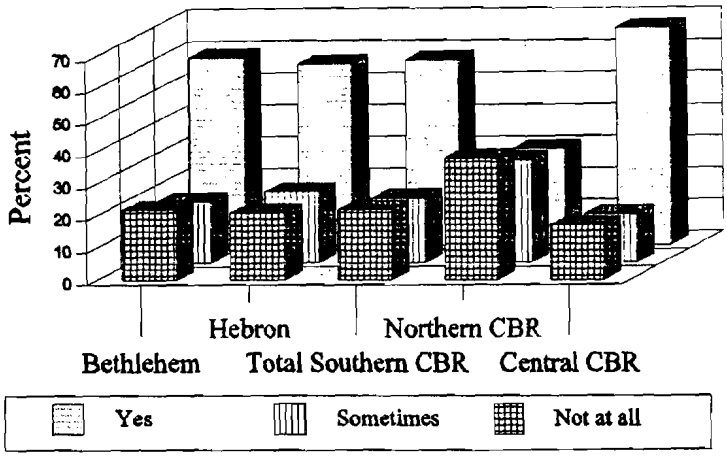


Overall, 80% of the Southern Region disabled included in this survey reported participating normally in family activities (84% for Bethlehem and 77% for Hebron); in any case, this is lower than that for the Central CBR Region (90%; see Figure 22). The Northern CBR disabled appear to participate least in family activities (only 62%). This could be due either to the severity of disability or to the absence of support services that assist the disabled in joining in family life.

As would be expected, the rate of participation in social activities is rather lower than the rate of participation in family activities in all the CBR regions (see Figure 23). Again the Northern CBR Region has the lowest percentage of participation (30%), in contrast to the Southern CBR Region (58%) and the Central CBR communities (68%). Why the Northern Region is nearly half the others in this particular measure is unclear. However, it is important to note that to have a disabled family member participate in social activities involves not only "admitting" the person is disabled but also assisting him or

Figure 23

Frequency of Disabled Persons Joining in Social Activities



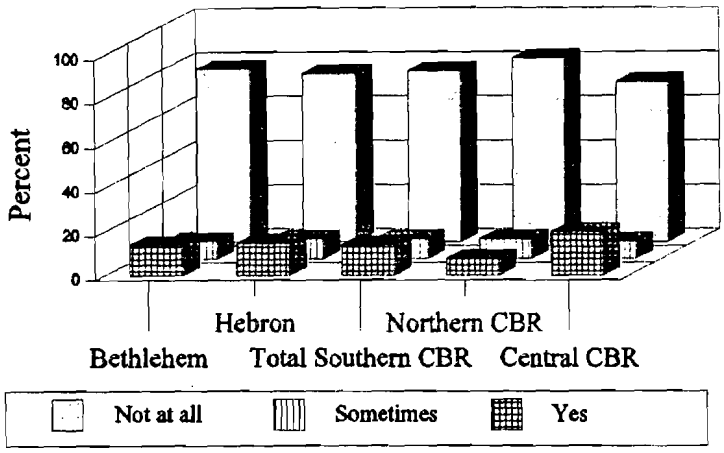
her in moving around. Usually, a combination of stigma factors coupled with physical factors reduce the level of social relative to family activity participation among disabled people. We will examine this point further in terms of the different categories of disabled people in this community.

As for the disabled person's work and income, once again the Northern CBR disabled have the lowest rate of job or income accessibility: an extremely low 8% (see Figure 24). In other words, 92% of the Northern CBR disabled do not have a job or any income. While still low, the rate for the Southern CBR Region is almost double that of the Northern CBR Region (14%); that for the Central CBR is two-and-a-half times more (20%). Clearly, the data consistently indicate the advantage of the Central Region disabled over other regions in terms of social integration indicators. However, overall, social activity integration indicators denote a serious problem faced by the disabled of all areas and indicate the need for concerted efforts from the part of CBR workers to assist the disabled in these communities to better integrate in daily family and communal life, to the best extent that their disabilities allow.

Figure 24

Frequency of Disabled Persons

With Job/Income



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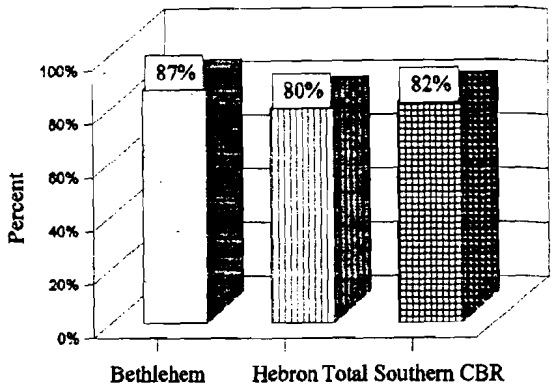
5.6 Service Provision for Disabled People

This study found that, overall, 82% of the disabled had been exposed to a physical examination, procedure or had received some sort of treatment for their disability. However, we noted a significant difference between the disabled of Bethlehem and Hebron in terms of the receipt of service, with 87% of the disabled from Bethlehem denoting having had at least one exposure to care, in contrast to 80% of the disabled of the Hebron Region (χ^2=21.20920, p<0.0005; see Figure 25). This information reinforces the notion that the accessibility of services to the Bethlehem Region disabled is superior to that of the Hebron communities. This is explained partially by the availability of services for disabled people in Bethlehem town, which is more accessible to the Bethlehem Region villages distance-wise than is Hebron to its surrounding communities. Notice that the Northern CBR disabled people reported a much lower rate of 57% for having received services related to

Figure 25

Disabled Receiving Services



their disability, while the Central CBR Region disabled reported a rate similar to that of the Southern Region (81%). Clearly, one of the important determinants of the receipt of care relates to the presence or absence of such services at the regional level. In this regard, the Northern Region of the West Bank appears to be the most deprived and probably the one that most needs CBR support in the form of development of referral and secondary care services relative to the other regions. This is important for the success or failure of CBR projects, as without secondary care services, the ability of CBR projects to conduct their work adequately is severely curtailed. Indeed, the notion of CBR rests in part on the principle of the availability and accessibility of referral, to be used to buttress the community and home activities of the CBR workers. Without such services, CBR workers' activities remain limited, which frustrates them.

Note that in this study, we found that the majority of the services received were biomedically oriented—operations, medications, physiotherapy etc.—and that very few disabled people had been exposed to rehabilitation other than physiotherapy at the community or other levels up until the time that the survey was conducted. As a baseline data set, this survey can be used later to demonstrate the ability of the Southern CBR project to reach the disabled with services other than the classic "magic cure" (medicine).

These results point to the multiple roles required of the CBR workers. On the one hand, much can be done in the area of helping the disabled and their families in learning the different ways in which ADL can be completed by the

disabled themselves. On the other hand, they must also attend to the psychosocial problems that disabled people face and the stigma faced by families as well as the disabled. Moreover, CBR workers must assist the disabled in the process of rehabilitation and integration within the community as much as possible. CBR workers also need to function as a referral or link to the variety of services and institutions that can assist the disabled in performing their functions, learning new skills or even finding employment. Finally, the CBR worker also needs to get involved in gradually working at the communal level, along with the disabled and their families, to help change the attitude of the community regarding disability and to assist the disabled in making their voices heard. The latter is particularly pertinent to calling for the disabled's needs to be met, as integral members of their communities. Although the technical modification of homes to better suit the need of the disabled and the technical skill of teaching ADL are realisable and relatively straightforward to implement, a successful CBR project ultimately directs itself to the communal and even national levels. Raising the issue of disability at large in the country is as important as performing the more focused immediate tasks locally. Indeed, this is the difficulty, beauty and challenge of the concept of CBR, where technical, social, referral, mobilisation and activation activities must all take place within the same framework.

5.7 Difficulties Faced by Families of Persons with Disabilities

The impact of having a disabled person in the family is multifold. First, in the absence of structures that help the family by taking responsibility for their needs, the disabled can become a serious financial burden on the family, especially if the family is poor. Second, the disabled pose physical and time difficulties for caretakers—normally the women in the family—as they often require extra help and assistance that conflict with the other many chores that women must complete daily. Third, homes are, more often than not, ill-fitted to suit the needs of the disabled person, increase his/her freedom and cut

down on the burden of women; the poorer the family is, the more ill-suited the house (for instance, the location of toilets outside the home, the lack of availability of running water or space etc.). Moreover, within Palestinian society, disability is associated with a stigma that touches not only the disabled person but the entire family as well. With a general belief that disability "runs within families" and given the financial and other forms of burdens imposed on the family, families of disabled persons tend to "hide" them within the homes, lest the possibilities of marriage of female members diminish. Consequently, a major part of the role of CBR workers is to precisely investigate these problems. A beginning step is to assist the disabled to learn the ADL; this includes supporting the family with assistance in "fitting" or reorganising the house to make it more hospitable to the use of the disabled person and linking the family and the disabled to institutions that can assist in improving their skills and educational levels. This can only help build opportunities for the disabled to lead a normal life.

In this survey, families of disabled persons were asked about whether they face problems in dealing with the disabled person(s) in their family. Of the total, 28% said that they faced no major problem, while the rest maintained that they do face major problems in dealing with the disabled member; the most significant problem mentioned is tallied in Table 12. Note that Table 12 (and Figure 26) details a statistically significant difference between the type of problems faced by families of disabled people for Bethlehem and Hebron (χ^2=80.23836, p<0.0005), with Bethlehem denoting substantially more psychosocial problems (32%) relative to Hebron (23%). In contrast, fewer Bethlehem families (23%) than Hebron families (37%) appear to face problems in terms of the physical (time, physical activity and attention) and educational (attempt to teach disabled people how to conduct basic activities and to communicate) needs of the disabled. These results suggest that the Hebron families require a special attention with very basic needs, certainly more so than either Bethlehem or the Central Region communities. Perhaps these differences are due to the lack of access to services assisting the disabled and their families in Hebron, compared to the other communities.

Table 12
Greated Difficulty Faced by Families of Disabled People (%), by Region

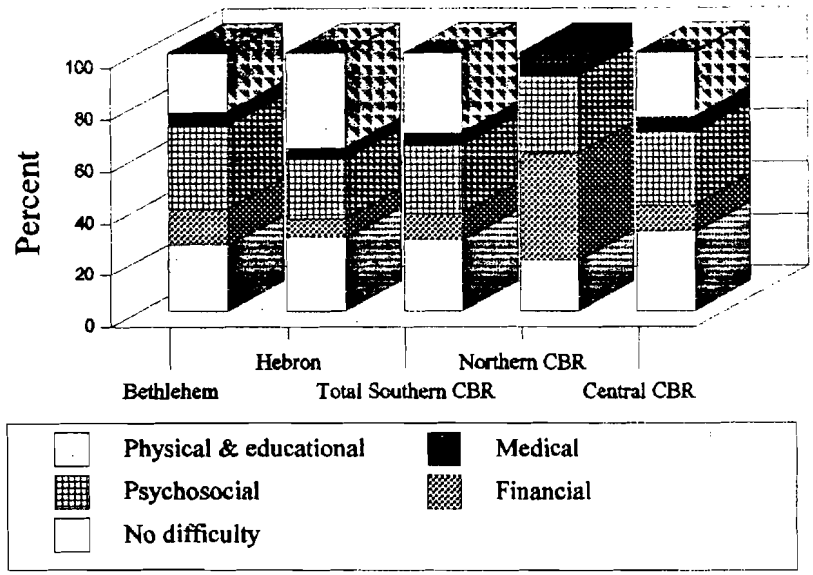
Type of Difficulty	Southern CBR			Northern CBR	Central CBR
	Bethle.	Hebron	Total		
None	26	29	28	20	31
Financial	14	7	10	41	10
Psychosocial	32	23	26	30	28
Medical	5	4	5	9	6
Physical and educational burden	23	37	31	N/A	25

With the exception of the Northern CBR communities, financial problems did not appear to be the most significant problem families encounter. In the North, however, no stipulation was made in the survey to separate the strictly financial cost burden on families from the need to reorganise the house or pay for the special education of disabled family members. In other words, the results for the Northern Region do not necessarily reflect a lack of need so much as the limitation of the data.

Psychosocial problems placed high on the list of problems families faced. The data from the Southern CBR project are descriptive and rather vivid. Problems described as the predicament of the disabled person include fears of being laughed at by the other children, fears of difficulty in getting married, frustration and extreme tempers; families also have to face these burdens as a consequence of the presence of a disabled member at home.

Figure 26

Difficulties Faced by Families



Note that Hebron families reported less psychosocial problems and more physical/educational burdens than the other communities, perhaps reflecting the specific housing and educational problems that the Hebron town communities face. Finally, it is interesting to note that a consistently low percentage of all the CBR communities denoted that medical problems were the main difficulty: for the Northern Region, 9%; for the Central Region, 6%; for the Southern Region, 5%. Clearly, medical care in the classical sense is available all over, although perhaps accessible to different degrees. However, clearly, the problem from the family perspective extends beyond the medical realm and has a far-reaching and chronic impact on family life in general and the lives of the caretakers and disabled persons in particular.

6.0 IDENTIFICATION OF VULNERABLE GROUPS AND PRIORITIES FOR ACTION

Some socio-economic variables differ among categories of disabled people. Part of the task of this report is to examine the conditions of persons with disabilities regarding these variables, to discern vulnerable groups and priorities for action. While so far we have established a need for CBR projects in the Southern regional area (through the examination of the aggregate data), variations between groups and individuals can lead us to a better understanding of where activities should focus, helping in the planning and development of future disability-related projects. The principal issue here rests on the notion that the disabled are not a homogeneous population: some suffer more serious disabilities than others; some suffer more serious socio-economic and psychological consequences of their disabilities than others. Moreover, existing disparities within society—such as those related to poverty, gender or even age—might interact with the disability component to create the condition for serious disparities in abilities, possibilities, attention, access to services and ultimately quality of life. It is within such a context that this section will focus on the issue of who is most deprived and most in need, in the hope that the Southern CBR project will provide such groupings with special attention.

At this stage in our analysis, we have established that, in general terms, the Hebron communities appear to be more disadvantaged than the Bethlehem communities in relation to most of the indicators used, and thus should have top priority for attention and action. As we procede with more indepth study, we address characteristics of the disabled such as the preponderence of children of married cousins, age, gender, type of disability, and wealth status.

6.1 Cousin Marriage

The roots of the phenomenon of cousin marriage (*hamoula*) in this society lie within the notion that the marriage of cousins maintains wealth within the family, safeguarding against fragmentation. At one point in time, this related mostly to the acquisition of land, which over the years became fragmented because of inheritance, among other factors. Marriages outside the family consequently contributed to the further fragmentation and to the gradual inability of individual families to make ends meet with agriculture as their economic base in society. However, the socio-economic and political changes of the past decades led to the increasing neglect of the land; families turned to wage labour as a principal mode of employment. Even though the positive economic impact of such a phenomenon on the collective family wealth was maintained in other ways, cousin marriage persisted, probably partially due to the fact that it had become a "tradition", maintaining itself despite limited, albeit real, utility. The importance of cousin marriage here lies in the generally known observation that mental disability is linked to the phenomenon. The issue for CBR workers therefore is first to ascertain the familial link and then to see if it is possible to assist these communities with education and counselling regarding this phenomenon. However, if the phenomenon is rooted in socio-economic benefits to families, assistance and counselling is likely to yield only limited results.

Although the reports of CBR workers indicated that the phenomenon of cousin marriage in the Hebron Region villages might be more predominant than in Bethlehem, in fact the data indicate that the rate is about the same for each. Overall, the rate of cousin marriage was found to be high, with 30% of the disabled listed as having first-cousin parents, an additional 10% whose parents were second cousins and 20% related as part of the same extended family. The parents of the remaining 40% were not related.

Crosstabulating the rate of cousin marriage by selected socio-economic indicators, we found that there was no relationship between the rate of

cousin marriage and the level of education of either the mother or the father. Family wealth status appeared to have an impact, although not statistically significant, with 45% of the well off having married first or second cousins, in relation to 41% of the middle category and 38% of the poor. The data suggest that cousin marriage is more predominant among families who are wealthier, reinforcing the notion of the financially positive benefit of this practice. These results also raise the question of whether wealthier families suffer more from mental disabilities than others. We discuss this hypothesis later on in this report (see Section 6.5).

6.2 Age of Disabled Persons

As mentioned previously, the age structure of the disabled population of the surveyed areas does not match that of the country at large. With about 50% of the country's population under the age of 15 years and not more than 4-5% over 60 years, this study reveals that 40% of the disabled are under the age of 15 years, 45% are between the ages of 15-59 years and 14% are 60 years or older. Thus, there is a representative amount of disabled between 15 and 59 years of age, but disproportionate amounts for the young and the elderly. The overrepresentation of those over 60 might be reflective of the mutual increase in disabilities with age. The results might also be indicative of the short longevity of disabled children, thus skewing the distribution into the other age categories.

Except for the oldest age group, with roughly equivalent distributions in Bethlehem and Hebron, regional variations in the rate of disability by age is evident. In the Bethlehem Region, 37% of the disabled were under the age of 15 years, in contrast to 41% in Hebron Region. The disabled aged 15-59 years composed 48% of the disabled in Bethlehem and 43% of those in Hebron. In the absence of other data, care must be taken not to overinterpret these results. However, they do suggest that disabilities in childhood are more of a problem in the Hebron area than in the Bethlehem area.

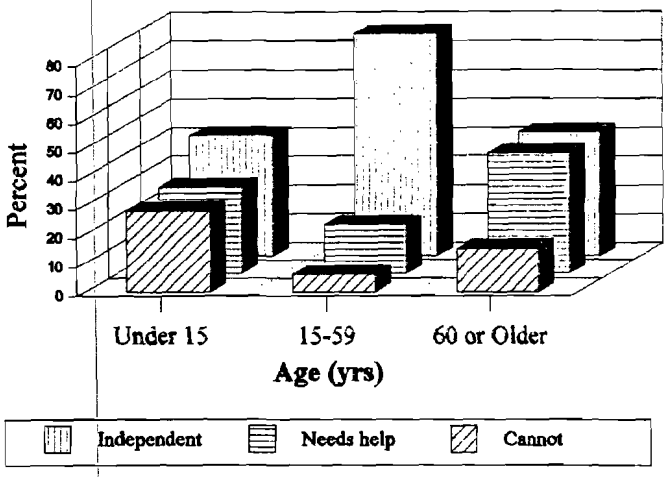
Table 13
ADL and Social Integration Indicators (%), by Age Category

Activity	Age in Years		
	Under 15	15-59	60 or Older
Eating skills (χ^2=126.98260, $p \leq 0.0005$)			
Eats alone	65	87	68
With help	21	10	28
Not at all without total assistance	14	3	4
Personal hygiene skills: grooming (χ^2=242.99534, $p \leq 0.0005$)			
Cleans oneself alone	36	72	37
With help	33	18	38
Not at all	31	10	25
Personal hygiene skills: toilet (χ^2=213.37496, $p \leq 0.0005$)			
Uses toilet alone	62	85	52
With help	16	10	33
Not at all	22	5	15
Personal hygiene skills: dressing (χ^2=258.58693, $p \leq 0.0005$)			
Dresses alone	42	77	43
With help	30	17	42
Not at all	28	6	15
Motor skills: ability to sit (χ^2=76.75781, $p \leq 0.0005$)			
Sits alone	72	87	69
With help	11	9	23
Not at all	17	4	8

Activity	Age in Years		
	Under 15	15-59	60 or Older
Motor skills: ability to stand (χ^2=128.82139, $p \leq 0.0005$)			
Stands alone	52	75	46
With help	16	16	37
Not at all	32	9	17
Motor skills: ability to walk (χ^2=280.54463, $p \leq 0.0005$)			
Walks ten steps	55	75	39
With help	12	17	47
Not at all	33	8	14
Motor skills: ability to move around inside house (χ^2=234.27288, $p \leq 0.0005$)			
Moves inside house	70	83	46
With help	11	13	41
Not at all	19	4	13
Motor skills: ability to move around town (χ^2=161.72499, $p \leq 0.0005$)			
Moves in the village or town	61	74	40
With help	18	13	24
Not at all	21	13	36
Social engagement skills—with family (χ^2=33.91405, $p<0.0005$)			
Joins family activities	81	82	69
Sometimes	12	12	20
Not at all	7	6	11
Social engagement skills—general (χ^2=133.92547, $p \leq 0.0005$)			
Joins social activities	61	64	35
Sometimes	21	19	24
Not at all	18	17	41

Figure 27

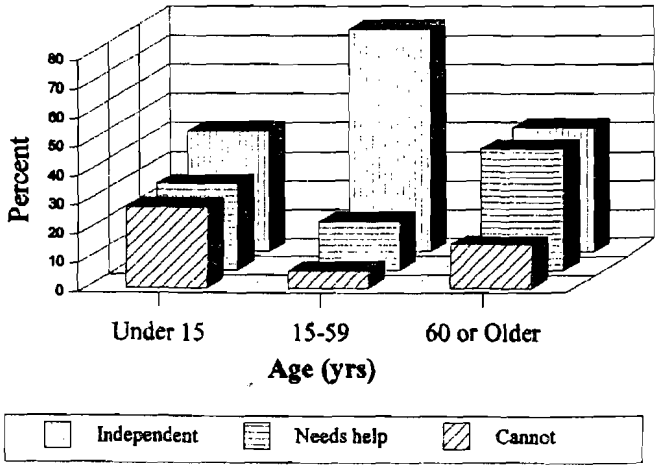
Personal Hygiene Skills: Dressing



Examining indicators for ADL and social integration in terms of age, we found interesting comparisons (see Table 13 and Figures 27-30). This information clearly indicates that the CBR project needs to examine priorities also in terms of age categories. Simply stated, the very young and the old are a priority for action, with clearly even more difficulties faced by people over the age of 60 than by young children. The table demonstrates that, on the whole, children require more assistance in completing ADL (eating, dressing, going to the toilet, sitting, walking ten steps and moving in the house); children, the most vulnerable, are followed by people older than 60 years, and then people age 15-59 years, who appear to fare best. All results for the differences are statistically significant and point to the need to focus first on children, then on older people and then on regular adults, when it comes to teaching the ADL.

Figure 28

Personal Hygiene Skills: Dressing



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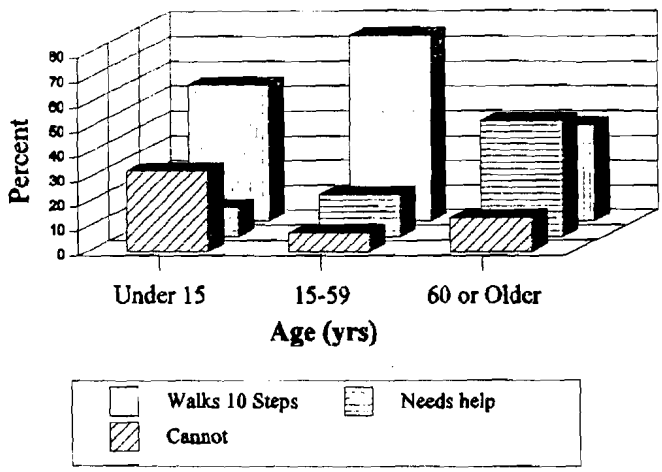
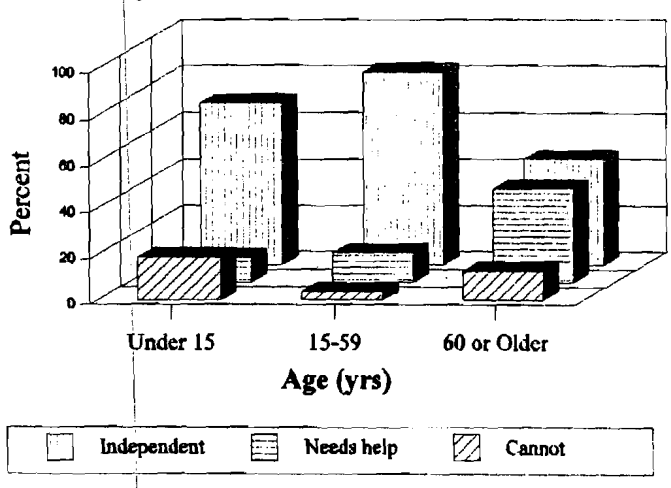
In contrast, social integration indicators point to the elderly as the top priority group. Again, adults 15-59 years old fare best. Although the elderly appear to cope better with the ADL, in fact they are the least integrated socially. This lack of integration suggests discriminatory practices against them that do not correspond to abilities (for reasons to be considered below).

Figure 29
Ability to Walk

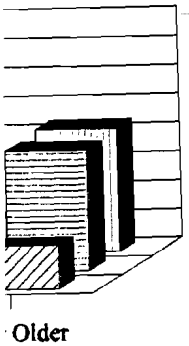


Notice, for example, that although their ADL levels are generally superior to those of children, as many as 36% of them do not move around the village at all, in contrast to 21% of children. Of the elderly, 11% do not join family activities at all, as compared to 7% of children; 41% do not participate in social activities at all, over twice the rate found in children (18%).

Figure 30
Ability to Move Around Inside House



ressing



Older

Cannot

Clearly, these results contradict what is expected, given the general ADL level among this groups. The lack of integration could be rooted in biases of the family (for example, the families might believe that the disabled elderly are no longer useful, that they are a burden on the caretakers, or that they now only consume and no longer produce) or a lack of interest in social activities on the part of the elderly. Regardless, the above data clearly indicate the need to pay particular attention to the elderly. They not only need assistance in being as comfortable and as independent as possible; equally important is the role of social support. The elderly disabled should still be helped to socialise, so they feel they are integral, rather than marginal, members of society. A means must be found through which they can maintain the dignity of old age and pride in what they have accomplished.

6.3 Gender

One of the main factors that can affect the living conditions of disabled persons is their societal status. In general terms, patriarchal systems devalue and discriminate against women. Girls are generally seen as non-producers for their family and thus not worth intensive investment, because they will eventually leave the family to join another through marriage. Consequently, emphasis is not usually placed on girls' education and well-being, as the investment will have no direct return to the birth family. Disabled women and girls thus face a double burden: first, they are female, and moreover, they are disabled. Evidence from the local literature points to discrimination against girls in every aspect of life, from birth to death: the infant mortality of infants is higher among girls; the rate of malnutrition is higher among young female infants and children; and access to care is more limited for girls, adult females and older women. With disability, the problem is compounded; thus, it is essential to attempt to locate possible evidence of excess discrimination against disabled women. While the information obtained in this study is limited in this particular area and is by no means conclusive, we will attempt to ascertain possible differences in the status of disabled females.

In a previous part of this report (see Section 5.1), we found that, overall, 42% of the disabled in the Southern Region were female, while 58% were male. These results are comparable to what was found in the other CBR project surveys, with 60% disabled males for the Northern CBR project, and 56% for the Central Region communities. This discrepancy in the percentage of females, in favour of males, can be explained in different ways. While it is true that the incidence of disability is generally higher in boys at birth, perhaps explaining this difference, it could also be that, because of discriminatory practices, girls have a lower chance of survival than do boys. In this study, we found no difference in the percentage of females relative to males by age nor by region. Likewise, there were no differences between disabled males and females by father's and mother's education, work of father, family wealth status, or origin (native inhabitants versus refugees). Clearly then, the origin of this discrepancy lies elsewhere; it apparently is beyond the scope of this report to explain this difference.

An examination of possible differences between disabled males and females in terms of their capacities to perform ADL revealed no significant differences in abilities to eat, clean oneself, dress, or stand. More males than females were able to go to the toilet without help, a finding that might be due to normal physiological female constraints. What we find interesting is that, although both genders were reported at the same level of being able to walk ten steps independently, significantly more males were able to do so with help, with 24% of the males reporting walking ten steps with help relative to 18% of females (χ^2=7.10774, p=0.02). Again, movement within the home was found to be important, where more males reported that they were able to move in the home relative to females, with 72% for the males in contrast to 69% for the females (χ^2=8.00372, p=0.018). These results possibly point to more assistance being given to males to walk. However, physiological/pathological causes (the severity of the disability) cannot be excluded. On the whole, however, it appears that levels of ability to perform ADL within the home is comparable for both genders, as was indicated in the findings obtained from the Northern and Central CBR projects.

In contrast to this generally comparable ability level among the genders, we find generally significant differences between the genders in the indicators of social integration (see Table 14).

Table 14
Social Integration Indicators (%), by Gender

Social Integration Indicator	Males	Females
Moves around the village or community (χ^2=33.75114, $p \leq 0.0005$)		
Yes	68	58
With help	17	17
Not at all	15	25
Joins family activities (χ^2=9.18695, $p \leq 0.01$)		
Yes	82	77
Sometimes	12	15
Not at all	6	8
Joins social activities (χ^2=43.36691, $p \leq 0.0005$)		
Yes	64	51
Sometimes	18	23
Not at all	18	26
Work (χ^2=111.889547, $p \leq 0.0005$)		
Has job or income	33	8
No job or income	67	92

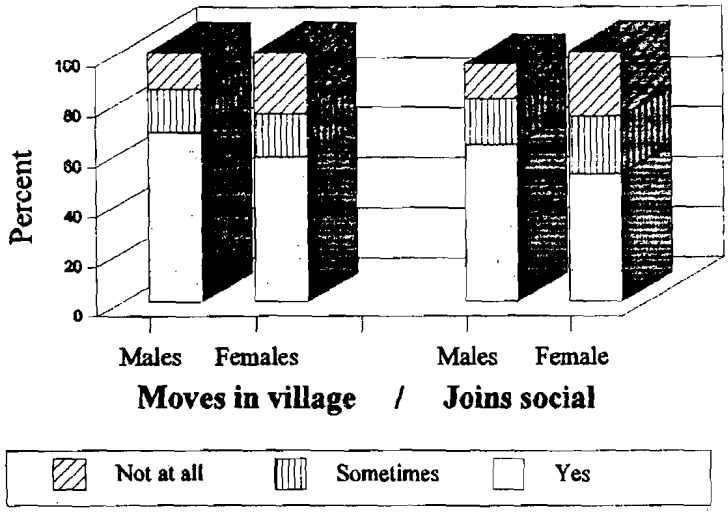
Social Integration Indicator	Males	Females
Goes to school (χ^2=9.21574, p=0.05)		
Yes	42	35
As younger	1	1
No homework	3	2
Goes to special school	6	7
Not at all	48	55
Plays (for children only) (χ^2=7.39584, p=0.02)		
Yes	73	65
As younger	16	21
Not at all	11	14

The above table denotes a pattern of differences among the genders similar to that obtained in all the other CBR regional reports. Notice that while, on the whole, males and females were comparable in terms of their abilities of performing ADL, in fact females do significantly less well than males in terms of social integration indicators. Thus, for instance, although only 3% more males reported being able to move inside the home (72% to 69%), differences in terms of the levels of movement inside the village are greater: 10% more males report being able to move freely inside the village (68% to 58%). That 10% differential is made up for in the category of not moving around the village at all; in this category is a greater proportion of women (25% of women, as compared to 15% of men). These results point to a gender difference in addition to the basic skills level or severity of disability level, that reduces the possibilities for females to get out of the house and move in the village. Indeed, this is a case in point of the double burden of

disabled females, who, to a larger extent than males, are "hidden" from the public eye and are denied the right of leaving their closed, secluded home.

Figure 31

Social Integration Indicators

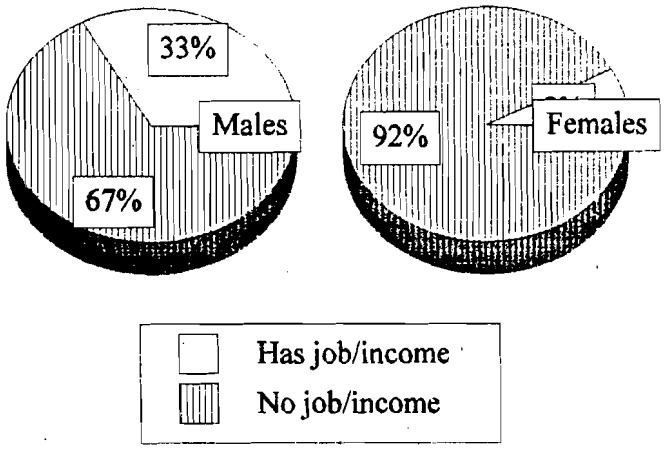


Again, Table 14 demonstrates a significantly higher level of full participation of male disabled persons in family activities (such as receiving guests) relative to females (82% vs. 77%). The results pertaining to disabled people joining social activities (activities taking place outside the house, such as attending a wedding or visiting neighbours and friends) are even more remarkable, with 61% of the males stating that they can join social activities freely, but only 51% of the females, and where 18% of the males reporting not joining such activities at all, in contrast to a high of 26% of the females (see also Figure 31).

In addition, as one would expect by now, women also have a significantly lower level of employment or income, with 33% of the disabled males reporting that they have no job or income, in contrast to a meagre 8% of the females (see Figure 32).

Figure 32

Employment



Social integration indicators relevant to children point to the same pattern of neglect and discrimination against disabled girls, suggesting that discrimination against disabled girls follows them through life. Table 14 demonstrates that 42% of the disabled, school-age boys attend regular school, in contrast to 35% of the girls, while 48% of the boys do not go to school at all, in contrast to a high of 55% of the girls. This matter of discrimination even extends to play, where 73% of the boys were reported to play normally, in contrast to 65% of the girls, and 11% of the boys were reported not to play at all, in contrast to 14% of the girls. All of these results in terms of the differences between the genders were found to be statistically significant.

Overall, these results clearly point to the double burden that disabled females face by being both female and disabled. With similar abilities, the differences in their integration levels is consistent but shocking. The results point to the need to consider females, especially female children, as a priority for the action of the CBR workers of the Southern project.

6.4 Disability Type

As one would expect, analysis of the data obtained in this survey revealed that the type of disability (physical/movement, sensory or mental/mixed) is related to age. We specifically found that 23% of those under 15 years old, in contrast to 29% of those 15-59 years and a high of 33% of those 60 years or older suffered from disabilities related to movement, and that 36% of those under 15 years, 34% of those between 15-59 years old and a high of 50% of those 60 years or older suffered from sensory disabilities (both disability types increased with age). On the other hand, 41% of those who are under 15, 38% of those 15-59 and a low of 17% of those 60 years or over, suffered from mental/mixed disabilities (decreasing with age) (χ^2=83.77606, $p \leq 0.0005$). Clearly, older people are more prone to being struck with disabilities related to the sensory systems and to movement than are children, while mental/mixed disabilities appear to affect those under 15 years of age to a greater extent.

While no relation was found between the type of disability encountered and region, nor origin (peasant versus refugee), a clear relationship was found between the type of disability encountered and the rate of cousin marriage. There was not much difference in the rate of reporting of sensory disabilities and the type of marriage of parents reported, with 36% of disabled with first- or second-cousin parents reporting sensory disabilities and 38% of those with no relationship between the parents. However, we found that movement-related disabilities were more often encountered among children of parents who are not related to each other than for those whose parents are cousins, with 29% of the moving disabilities reported for non-cousin parent marriages in contrast to a lower 24% of those with a first- or second-cousin parent marriage. Moreover, 40% of those with first-cousin parent marriages, while 33% of those with parents with no family relationship between them, suffered mental/mixed disabilities (χ^2=12.96253, $p \leq 0.0005$).

These results indicate a link between cousin marriage and mental disability and raises the question as to whether the CBR project workers could plan a realisable counselling project that could assist in providing the information needed regarding cousin marriage and mental/mixed disability. The limitation here is precisely one that deals with the flip side of cousin marriage. All sorts of direct and indirect benefits to families can, and probably do, come out of those marriages; if it is important for financial survival and viability of families, then it is likely that counselling and such schemes would have limited effects and attempts at "prevention" would be, at least, problematic. Clearly, the phenomenon of cousin marriage is too complex of a subject to be adequately analysed utilising mere and initial statistical data. However, it does appear that cousin marriage is one of the contributing factors to the occurrence of mental disability, the most difficult disability to deal with and probably the disability which poses the biggest burden on families. While there is no question that the provision of information and counselling to the population by the CBR project workers is needed and must be very much part of defined activities, it is equally important to recognise that social phenomena rooted in economic and other types of social relations are not easily overcome and changed with the provision of information alone. Thus, care must be taken when counselling on cousin marriage and disseminating information to the population at large. The message should be delivered without excessive insistence on attempting to change these marriage patterns, without a change in the context within which they occur.

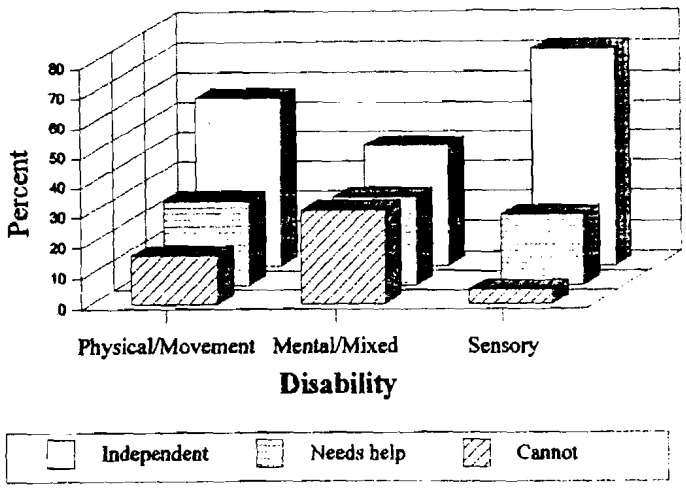
An examination of the reports on performance of ADL and social integration indicators in relation to the type of disability reported is revealed in Table 15. The table demonstrates that the mentally disabled persons included in this survey are rather more disadvantaged than both the physically disabled and those with sensory disabilities. Notice, for instance that 1% of those with sensory disability and 4% of those with physical ones were reported as not being able to eat alone at all, as compared to the significantly higher 16% of those reported with mental disabilities. A similar pattern was found when examining abilities by type of disability: 5% of those with sensory disabilities

Table 15
ADL and Social Integration Indicators (%), by Disability Type

Indicator	Disability		
	Physical/ Movement	Mental/ Mixed	Sensory
Eats (χ^2=12.96253, $p \leq 0.0005$)			
Alone	79	64	86
With help	17	20	13
Not at all without full support	4	16	1
Cleans (χ^2=169.93841, $p \leq 0.0005$)			
Alone	56	40	72
With help	28	29	23
Not at all	16	31	5
Uses toilet (χ^2=142.49205, $p \leq 0.0005$)			
Alone	67	66	84
With help	22	12	15
Not at all	11	22	1
Dresses (χ^2=148.65928, $p \leq 0.00005$)			
Alone	60	47	74
With help	30	26	22
Not at all	10	27	4

Indicator	Disability		
	Physical/ Movement	Mental/ Mixed	Sensory
Moves inside house (χ^2=129.49524, $p \leq 0.0005$)			
Alone	66	63	85
With help	23	15	14
Not at all	11	22	1
Joins family activities (χ^2=183.35596, $p \leq 0.0005$)			
Yes regularly	85	66	89
Sometimes	10	20	9
Not at all	5	14	2
Moves in the village (χ^2=179.69103, $p \leq 0.0005$)			
Yes	55	56	79
With help	22	15	14
Not at all	23	29	7
Plays (χ^2=228.36515, $p \leq 0.0005$)			
Yes	82	48	91
As younger	4	34	5
Not at all	14	18	4
Goes to school (χ^2=122.58145, $p \leq 0.0005$)			
Yes	54	35	64
No	46	65	36

Figure 33
Cleans



and 16% of those with physical ones but 31% of those with mental disabilities were found not to be able to clean themselves alone (see also Figure 33). Only 1% of those with sensory disabilities and 11% of those with physical ones were not able to use the toilet alone, as compared to 22% of the mentally disabled persons. The identical rates were found for any movement inside the home. Movement outside the home was similarly constrained: 7% of those with sensory disabilities and 23% of those with physical ones in contrast to a high of 29% of those with mental disabilities reported as not moving outside the house at all (see also Figure 35).

Several types of explanations could account for these results that point to the disadvantage of the mentally disabled. On the one hand, the type of disability from which they suffer may make it very difficult for them to be taught these skills: caretakers require not insubstantial time, effort, training and energy to achieve results in some of the more serious cases. Second, in these communities, there was a strong physical disability component also associated with the mental disability, making the task of teaching these people basic activities very difficult, especially if an appropriate support

system is not available. Indeed, these are some of the very reasons that consciously or unconsciously push CBR project workers to favour working with the physically disabled, leaving the difficult mental cases to a later stage (which often never comes). Yet, regardless of explanations and in line with the findings of the other CBR survey reports, the mentally disabled population of these communities and their families are should hold the top priority for action.

Figure 34

Joins Family Activities

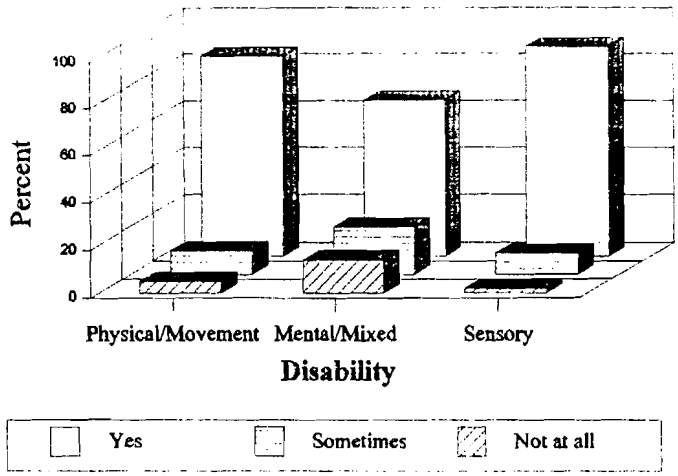
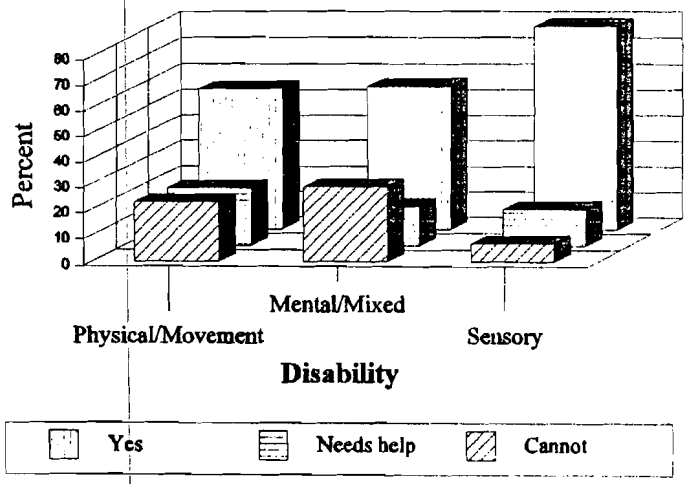


Figure 35

Moves in the Village

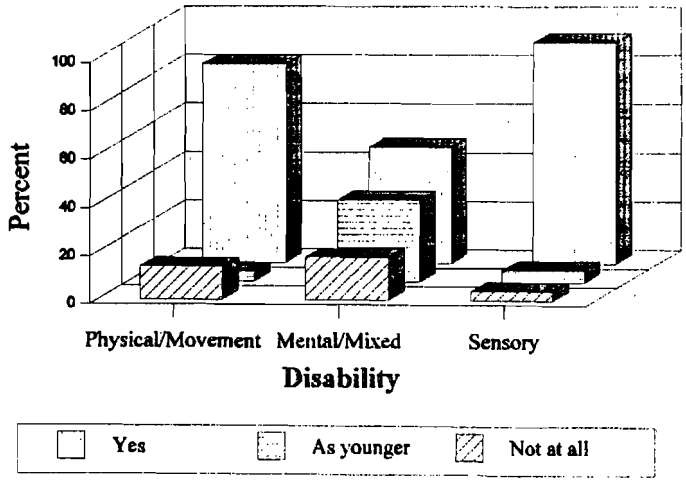


The above table also denotes that the mentally disabled persons included in this survey are less well integrated than the other disabled in their communities, with 7% of those with sensory disabilities and 23% of those with physical ones not participating in social activities. The rate for the mentally disabled

is nearly the sum of the other two combined (29%). These discrepancies are also evident even with children: 4% of those with sensory disabilities, 14% of those with physical ones and 18% of those with mental disabilities do not even play at all (see Figure 36); 36% of those with sensory disabilities, 46% of those with physical ones and a high of 65% of those with mental disabilities do not go to any form of school. Here, the problem is probably compounded: the physical disability makes it very difficult for the family to integrate the disabled; institutions within the communities also do not encourage it, and in fact often think that mentally disabled children are a burden on the school system; and there is the additional problem of the stigma associated particularly with mental disabilities. Much can be done in the area of social integration of all the disabled, but especially for mentally disabled people, who are at such a distinct disadvantage at baseline.

Figure 36

Plays



Another interesting observation derived from Table 15 is that, overall, those with sensory disabilities (perhaps especially children) appear to fare better than the other two groupings. Given the limitations inherent in the type of

data collected, it is impossible to determine exactly the causes of such an advantage. However, it raises some possibilities. For instance, if those with sensory disabilities gradually become able to communicate despite their disability and are able physically to move freely, then perhaps the advantage lies to some extent in their relative self-reliance and the relatively decreased burden on the caretaker and/or family to care for them and integrate them into society. These results also raise the spectre of whether sensory disabilities are less stigmatised than others in these communities, allowing the chance for such disabled people to lead a relatively more normal life.

While we found no difference in the receipt of medical/health/rehabilitation care by age or gender, there were significant differences noted by type of disability. Specifically, we found that 9% of those with physical disabilities reporting having been treated previously for their disability (mostly medical care in the form of surgery, medications, and physical therapy), 19% of the mentally disabled and a high of 23% of those with sensory disabilities reported never having been treated for their disability (χ^2=58.60810, $p \leq 0.0005$).

Controlling for age, we found that the relationship persisted, in a remarkably consistent pattern across the ages. That is, we had expected that most of those with untreated sensory disabilities would be older people, whose sensory disabilities would be interpreted as part of the normal aging process and who consequently are not a priority for the receipt of care. In fact, we found that just about the same percentage of children with sensory disabilities as older adults reporting never having been treated. We then controlled for region, thinking that perhaps the lack of access of the Hebron communities was a possible determinant. Again, the similarities between the regions was remarkable. These results are curious, as one would expect that family attention would be focused on sensory disabilities that can perhaps be corrected or at least controlled. Furthermore, access to services, for such services are available in the Bethlehem Region, does not appear to be a possible answer, given that both regions reported almost identical results.

Yet, at the same time, those with sensory disabilities appear to be generally doing better than the other disabled, perhaps leading families and communities to conclude that they do not need as much care. In general, it would be worthwhile for the Southern CBR project workers to examine systematically this question in the course of their work. With support and improvement in their conditions, those with sensory disabilities could be assisted to realise their full potential: they must not be neglected just because they seem to generally be doing better than the other disability categories.

6.5 The Disabled of Poor Families

In this survey, an attempt was made to generally assess the wealth status of families and classify them into three broad categories: well off, barely able to make ends meet, and very poor. Utilising local informants, CBR workers were able to categorise families in terms of their wealth status, relative to their communities. It is important to point out that such a categorisation is very broad and cannot be used to relate the wealth status of these communities to the world outside them. However, this method has been found to be useful for purposes such as ours, where the main task is not comparisons outside these communities, but rather comparison among different families within them, with the aim of identifying priority and target groups for action.

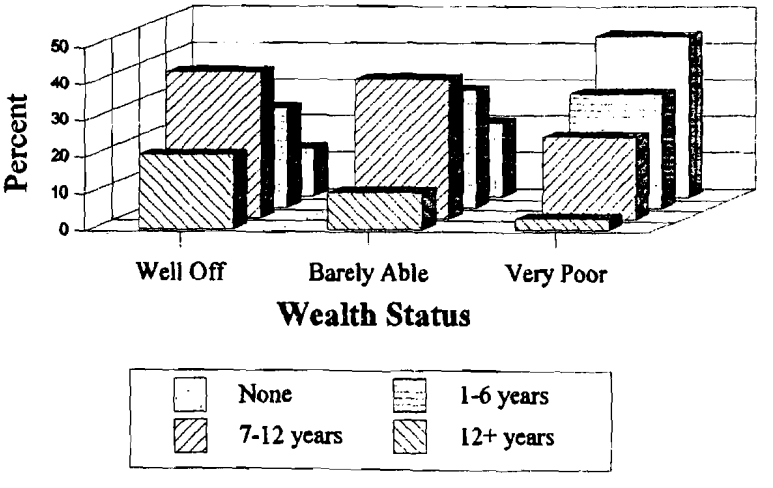
The wealth status categories that were assessed by the CBR workers were then crosstabulated with different types of other indicators of wealth thought to be relevant for use in these communities. Such indicators included the educational levels of family heads of households, the work of male heads of households, the crowding rates (the number of persons per room in the house) and the construction materials of the house (stone, concrete or other types of housing for the very poor). A clear pattern of association relating all these indicators to the wealth status indicator as classified by the CBR workers was noted (see Table 16 and Figures 37-40).

Table 16
Selected Socio-Economic Indicators (%), by Wealth Status

Indicators	Well Off	Barely Able to Make Ends Meet	Very Poor
Educational level, male head of household			
No education at all	13	20	44
1-6 years	27	32	31
7-12 years	40	38	22
12 or more years	20	10	3
Type of house			
Stone	84	41	23
Concrete	14	56	69
Mixed, tent or cave	2	3	8
Work, male head of household			
Labourer	41	69	50
Farmer	3	6	4
Office	14	8	2
Private	38	9	4
Unemployed	4	8	40

Indicators	Well Off	Barely Able to Make Ends Meet	Very Poor
Crowding rate			
< 2 persons per room	59	37	37
2-4 persons per room	36	47	35
5-12 persons per room	5	16	28

Figure 37
Male Head of Household
Educational Level



Overall, the above table indicates that wealth status is associated with the different selected indicators of wealth status in the expected way. Notice, for instance, that only 13% of the male heads of households classified as well off were not educated, in contrast to 44% of the very poor; 20% of the well off have 12 or more years of schooling, whereas this is true for a mere 3% of the poor. As one would expect, the better off financially, the greater the educational attainment of the male head of household.

y Poor

37

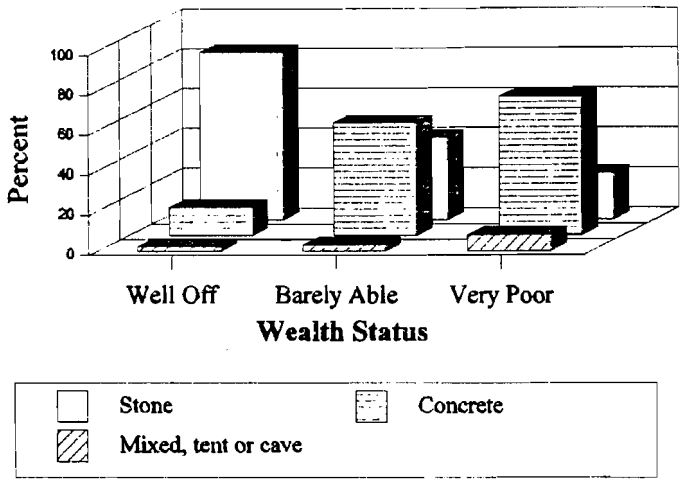
35

28

The type of house that families live in is also indicative of their wealth. A high of 84% of the well off live in stone houses, in contrast to 23% of the poor, while 14% of the well off live in concrete built houses, in contrast to 69% of the poor.

Figure 38

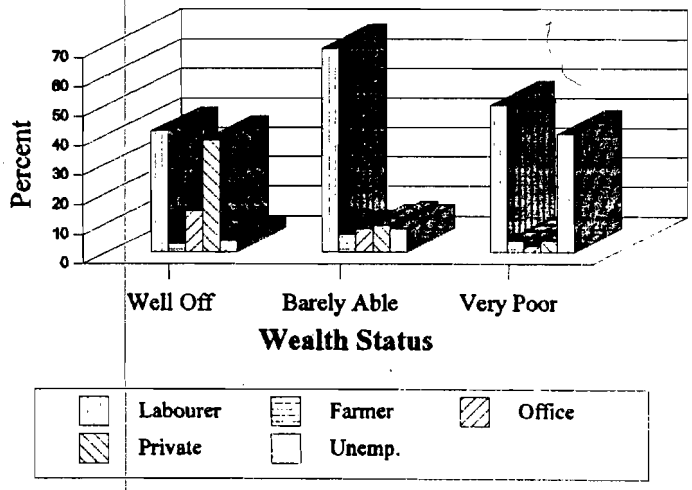
Type of House



The data on work are interesting in that an unexpected high of 41% of the well off denoted themselves as labourers. Clearly, they must have sources of wealth other than their wage labour. Of the middle category, a high of 69% work as labourers, and 50% of the poor work as labourers. As would be expected, however, a high of 38% of the well off denoted that they worked privately, in contrast to 9% of the middle category and 4% of the poor. Likewise, a low of 4% and 8% of the male heads of the well-off and middle wealth categories, respectively, were

Figure 39

Male Head of Household Employment



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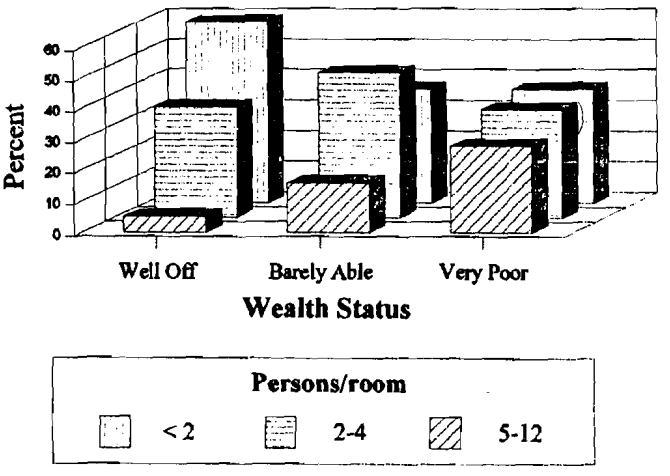
denoted as unemployed, in contrast to a high of 40% of the very poor. The data suggest that, in these communities, wage labour is not a reliable indicator of wealth status. It further indicates that private work is associated with accruing wealth and that the poor suffer most from unemployment. However, we find that crowding rate followed a similar pattern to the other significant indicators (with the poor exhibiting higher rates of crowding), confirming its value as an indicator. What is important here is that, generally speaking, the wealth status categories reported by the CBR workers are sufficiently accurate for the purposes of our analysis as those systematically associated with the different other types of wealth status indicators in the expected pattern. Consequently, these categories will be used to examine the relationship of disability to family wealth status.

Figure 40

Crowding Rate



Interestingly, we did not find a relationship between family wealth status and cousin marriage, suggesting that the phenomenon is not associated with any one particular wealth status group in these communities but represents a phenomenon that is generalised within these communities. If this is the case, then one would expect that families with different wealth categories would

not exhibit significant differences in the ages of their disabled members. For instance, where cousin marriage rate were high, one would expect higher incidence of mental disability, which is concentrated in younger ages among those who marry cousins. Crosstabulating wealth status by the age of disabled family members revealed no appreciable differences among the different wealth categories nor did crosstabulating type of disability by wealth status.

Next, we examined the relationship between wealth status and the gender of the disabled persons, in the hopes of locating possible explanations to the general overpreponderance of disabled males relative to females. A possible explanation here is that very poor families discriminate more against disabled females than males because of the scarcity of resources. However, contrary to our expectations, we found no difference between the different wealth categories and the gender of disabled persons. These results leave unexplained the issue of the disability gender ratio emphasising males.

Examining the ADL that the disabled were able to perform, we found no differences in these abilities by the wealth categories of the families of these disabled people. Additionally, while the social integration indicators for adults were also comparable, there were significant differences among children, where the results appeared to indicate that, given similar abilities, the wealthier children were better integrated than were the less wealthy ones. Specifically, we found that a high of 60% of disabled children of wealthy families went to school regularly, in contrast to 41% of the very poor, and that a low of 20% of wealthy children did not go to school at all in contrast to a high of 53% of the very poor. That is, disabled children of poorer families appear to have more difficulties in reaching school than disabled children of well-off families.

The results on play were quite interesting, in that those took the opposite pattern from what one would expect, given the above results. We found that 67% of disabled children from well-off families reported playing normally,

in contrast to a higher 73% from the very poor. The well-off families reported the highest rate of their children as not playing at all (18%), in contrast to a low of 7% of the very poor. That is, the wealthier the family, the less likely to play normally as other children. These results raise as a possible explanation the issue of stigma being more severe for the well off than for the poor; the poor are already so stigmatized that the added stigma of a disability is less significant.

Clear differences in the receipt of care were noted among the different wealth categories, with 90% of the well off reporting that they have been seen and treated at least once for their disability, in contrast to 83% of the middle level category and a lower 78% of the very poor. That is, the more affluent the family is, the greater the chances of the disabled to seek and receive medical care.

When examining the occurrence of disability by family wealth status, significant differences were noted. Remember that in this survey, 85% of households denoted that they had no disabled members among them, where all the disabled were concentrated in 15% of the households (see Section 5.0 and Table 7). Crosstabulating the occurrence of disability within the household by wealth status revealed that 89% of the well-off families, 87% of the middle income category and a low of 68% of the poor families reported not having any disabled members amongst their midst. In other words, 11% of well-off families had disabled members, with 13% of the middle category and a high of 32% of the poor families (χ^2=353.76685, $p \leq 0.0005$). These results indicate that disability is associated with poverty and that poor families are at a higher risk of having a disabled member than are others in the community. While the cause of such an association cannot be ascertained given the nature and scope of this study, the data point to the need to examine this association further. Several possible explanations could account for these observations. First, poor families tend to have less access to care when it is most needed, especially for prenatal care and care at delivery. The lack or insufficiency of care could well predispose for the

occurrence of disabilities among children. Second is poverty's association with poor nutrition, another factor linked to disabilities. Third, poverty also is associated with unhealthy and unsafe environments, perhaps predisposing poor family members to accidents to a larger extent than others in their communities. Finally, poverty means the lack of insufficient access to general medical and health care; easy access could mean early detection, intervention or the prevention of disabilities. All of these factors are possible causes for the results obtained in this study. In whole, however, poor families do appear to be predisposed to the presence of disability, making them a priority for action by the CBR project workers in the Southern Region.

7.0 SUMMARY AND CONCLUSIONS

7.1 Summary of Study Findings

A house-to-house survey was conducted in 19 communities of variable size in the Southern West Bank, with the aim of identifying the number of disabled people and assessing their basic needs. A total of 15,487 households were visited, housing around 116,000 people. The average family size was found to be 7.5 for the region, ranging from 7.0 for the Bethlehem region to a high of 7.8 for the Hebron region; at any rate, these are considerably larger than the 6.6 average family size reported for the West Bank[15]. Some of these communities, notably those in the Hebron region, live in markedly underdeveloped conditions relative to communities in the Bethlehem region and the rest of the West Bank. These communities housed a mixture of original peasant inhabitants, settled Bedouins, and refugees.

The surveyed communities included 2729 persons with disabilities, or 2.4% of the total population, comparable to disability rates elsewhere in the developing world. The Hebron region recorded a higher rate of disability (2.5%) than Bethlehem (2.2%). Study results show that disabled persons living in these communities continue to require assistance in helping them in performing daily living skills, such as eating, cleaning, moving etc. In the total Southern Region, 2.5 skills per disabled person need to be learned, with disabled persons in the Hebron region faring less well than in Bethlehem (2.6 versus 2.4 skills per person). These results indicate the need for CBR

[15] PCBS, op.cit.

activities geared towards assisting disabled people and their families in coping with daily life activities.

Moreover, the results of the survey indicate that much can be done in the area of socially integrating the disabled, notably disabled children. This survey found that over half (52%) of school-age children in these communities do not attend school, and 12% do not play at all. Of the total disabled, 7% do not join even ordinary family activities, 22% do not join any community social activities, and 14% of the adult disabled have no job or income whatsoever.

In contrast to the other regions of the West Bank, the disabled persons covered in this survey have generally been more exposed to biomedical or institutional care. Of the total Southern Region, 82% had been exposed to a physical examination by physicians or have received some sort of treatment for their disabilities. This is an indication of their general access to institutional care, which is mostly located in urban centres (more in Bethlehem than in Hebron). However, the results of the study clearly demonstrate the need for CBR activities aimed at assisting the disabled and their families to maintain an optimal level of coping and social integration within communities, rather than continually seeking institutional care that offers the "magic cure" at high costs and in a sporadic fashion. Indeed, CBR is the foundation upon which disability rehabilitation should be built, utilising institutional care for specific purposes and for finite periods. Given the context of this country, CBR is the only way that we are able to address needs at a minimal cost and in a humane way.

7.2 Priorities for CBR Programmes

Impoverished households and communities: in this study, as in the other regional studies, socio-economic indicators demonstrate that families with disabled persons tend to be poorer than the general population. Moreover,

the results indicate that the poorer Hebron communities have a higher rate of disability than do those in Bethlehem, reinforcing the linkage between poverty and disability. It is beyond the scope of this study to elaborate on whether disability causes poverty or whether poverty induces an increased rate of disability. Regardless of causation, poor families and communities, particularly in the Hebron region, should be a priority for action.

Girls with disabilities: as with the other CBR regional studies, the results of this study demonstrate an unexplained discrepancy between the sexes, with 58% of the disabled identified as male and the rest (42%) female, raising the question of a possible gender gap favouring the survival of disabled boys. Regardless of the cause, this discrepancy alerts us to the needs to address the issue of gender and disability and to articulate ways to focus on disabled women and particularly girls being thrust into very low levels of social status. It is possibly in this way that we might be able to improve disabled women's survival chances and also address their very high levels of need.

Persons with mental disability: this study reveals that children in these communities have significantly higher rates of mental disability than do adults and indicates that mental/mixed disabilities decrease with age. Thus, it is important to focus on the mental/mixed disabilities, simply because it appears that persons suffering from such disabilities do not survive as long as those with other types. CBR projects tend to shy away from addressing mental disability due to the nature of the difficulties encountered in working with such disabilities and the need for longer term interventions. Despite these difficulties, the mentally disabled, especially such children, still should be granted a high priority for action.

7.3 Conclusions

There are a litany of factors which provide the foundation for exceptional development of CBR in Palestine: a clearly pressing need; the exceptional transitional phase (the handover to the PNA); the context within which this and other regional CBR projects are situated; and the considerable local experience and developments generated by the other regional CBR projects. These factors have certainly helped foster success with this, the newest project, but they also combine to move the entire programme, affecting all the regional ones, into a new phase. Already, around 200,000 persons are being served by the Northern Regional Project, no less than 140,000 by the Central one and over 220,000 by the Gaza Project. As the Southern CBR project expands its services in response to the needs discussed here, it is a part of taking this project to scale. Such scaling up is based on considerable local experience allowing for the gradual decentralisation of activities, whereby models of local committee establishment and gradual partial handover is achieved to the extent that this is financially possible.

Financially, some of the models at this stage have started raising support from sources other than the communities. In such models, space and other services are provided by communities, while the salaries of CBR workers and transportation costs continue to be paid through the generation of funds from external sources. Meanwhile, the Palestinian Union of Disabled People, established at around the same time as the CNCR, also has taken root and is developing its structure and activities in unprecedented ways. With an executive committee elected yearly by the different regional constituencies, the Union is currently very active in the areas of advocacy as well as of legislation. Working with the CBR projects and a variety of other human rights and legal NGOs, the Union is in the process of attempting to influence future Palestinian legislation to ensure the legal rights of disabled people to health, education, social services and work, among others.

However, one should remember that the region is in precarious economic shape. People exist in the context of the current financial strife that continues to grip the area; it is exacerbated by frequent closures, states of siege and restrictions on movement imposed by the Israel, as well as by the lack of the economic development promised by the peace process. Thus, the issue of project sustainability needs to be addressed in a different light from the ordinary. The principal question here is: whose responsibility are disabled people? Is it the responsibility of their already-impoverished families and communities? of the nascent PNA structures? of international aid? On the one hand, there is every reason to believe that community participation and involvement in dealing with its disabled people is a worthy cause. On the other hand, one must be very careful about not placing further burdens on the victims of political turmoil, economic impoverishment and disability as well. Likewise, a vision of equity indicates the need to raise the notion of disabled people's rights to life, health, education and work, by virtue of citizenship. Clearly, rising PNA structures could not possibly be able to fulfill all the needs, for this is economically and structurally impossible at the moment and in the near future. Moreover, from the point of view of decentralisation and community involvement—the democratisation of disability rehabilitation work—high-level centralisation of services and care is not desirable. However, the projects are often entangled with questions raised by international aid organisations addressing sustainability in ways incompatible with today's Palestinian reality. Sustainability and the local generation of resources continue to be an impossibility, so long as Palestinians remain captive to Israel's policies and practices (which affect not only political and economic viability but also every aspect of life, including the rights to move freely and to seek services).

At another level, the current stage requires the projects to develope into serving in a new role. The presence of PNA structures *de facto* have thrust the projects into the national arena, providing vision for policy: the years of experience in the field and good documentation are already being utilised by the different ministries which care for the disabled. For instance, while school

integration of disabled children was always a principal activity defined as one of the tasks of CBR projects, today attempts are being made to transform this *ad hoc* experience into a systematic practice within the Ministry of Education. The Ministry of Education, meanwhile, has been keen to cooperate with the CBR projects, to exchange information, to learn from the NGO experience and to set the framework for regular dialogue and exchange. Another example links the vision of this NGO project with the Ministry of Social Welfare, where attempts are currently being made to use the database generated by the CBR projects at the grassroots level to map current services and to identify secondary level service needs as well. In this sense, this is the stage when CBR projects move into the arena of influencing intersectoral linkages and policies, within the vision of CBR as opposed to institutionalisation—all aimed at ensuring that disabled people's needs are included in the policies and practices of ministries as well.

With these new channels opening up between the PNA structures and this NGO network, the stage is set for the consolidation of the CBR experience and strategy systemically, through intersectoral linkages and the development of policies, regulations and practices that can ensure the evolution of a humane, cost-effective and functional rehabilitation network at the country level. In contrast to experiences generated elsewhere in the developing world, the Palestinian experience took the form of a bottom-up process: rather then beginning with ministries embarking on CBR projects, the Palestinian experience began at the local level, with the active participation of local NGOs as well as communities, and is working its way towards institutionalising the experience within the upper echelon of policy.

This, however, does not mean that the current CBR vision/policy framework does not face serious challenges. Indeed, one of the most important challenges that this vision needs to address is the constant call to establish more institutions, brought about by the long waiting lists of disabled people requiring specific services. The major task now is to demonstrate how existing institutional services could be better and more efficiently utilised by

working from the bottom up: setting up CBR projects at the community level while improving the efficiency of institutionized care and utilising it for admissions for finite periods of times rather than indefinitely, so that CBR would function as the referral out of an institution and into the community. In this way, perhaps cost effectiveness and the fundamental human right of disabled people to live as normally as possible can be assured.

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Appendix A

Overall Characteristics of Southern Communities

Characteristic	Bethlehem	Hebron	Total
Basic Demographic Characteristics			
Total number of households	6714	8773	15,487
Total population	47,300	68,800	116,100
Males (#)	24,278	34,762	59,040
Females (#)	23,022	34,038	57,060
Females (%)	48.7	49.5	49.2
Children < 15 years of age (#)	22,975	37,005	59,980
Children < 15 years of age (%)	48.6	53.8	51.7
Mean household size (yrs)	7.045	7.840	7.490
Mean male educational attainment (yrs)	7.495	6.053	6.672
Mean female educational attainment (yrs)	5.632	3.711	4.539
Mean dependency ratio (# of dependents per person working at home)	6.224	7.015	6.672
Mean number of rooms per house	3.026	2.803	2.900
Mean crowding rate (# of persons/room)	2.562	3.172	2.907

Characteristic	Bethlehem	Hebron	Total
Origin (% of Region)			
Peasants/original inhabitants	38.5	0	16
Settled Bedouins	47.5	0	19
Refugees	14	1.2	6
Town dwellers	0	98.8	59
Work—Male Head of Household (% of Region)			
Unskilled and semiskilled laborers	64	69	67
Farmers	3	7	5.5
Office and teaching work - white collar	10	6	7.5
Private work	9	10	9.5
Unemployed, in prison and retired	14	8	10.5
Education—Male Head of Household (% of Region)			
No education at all	18	24	21
1-6 years of schooling	28	35	32
7-12 years of schooling	41	33	37
13-22 years of schooling	13	8	10

Total
16
19
6
59
67
5.5
7.5
9.5
10.5
21
32
37
10

Characteristic	Bethlehem	Hebron	Total
Work—Female Head of Household (% of Region)			
Housewife	94	95	94
Office work	3	1	2
Farmer	0.6	0.4	0.5
Embroidery, sewing and knitting (part-time)	0.4	3	2
Other (such as Dayya, laborer or private work)	2	0.6	1.5
Education—Female Head of Household (% of Region)			
No education at all	30	48	41
1-6 years of schooling	26	26	26
7-12 years of schooling	39	24	30
13-20 years of schooling	5	2	3
Total Number Working at Home (% of Region)			
None	7	7	7
One	74	78	77
2-8 persons	19	15	16

Characteristic	Bethlehem	Hebron	Total
Total Number of Rooms in House (% of Region)			
One room	9	16	13
Two rooms	28	32	30
Three rooms	34	26	30
Four to nine rooms	29	26	27
Home Ownership (% of Region)			
Own	98	96	96
Rent	2	3	3
Family owned or donated by charity	0	1	1
Housetype (% of Region)			
Stone	56	31	42
Concrete	42	64	55
Mixed or other (tent, cave, old house, Izba etc.)	2	5	3
Family Wealth Status (% of Region)			
Well off	3	6	5
Just able to make ends meet	86	87	86
Very poor	11	7	9

Appendix B

Characteristics of the Disabled

Characteristic	Bethlehem	Hebron	Total
Basic Demographic Characteristics			
Total Number of Disabled	1037	1692	2729
Mean Disability Rate (% of Region)	2.2	2.5	2.4
Mean Age of Disabled (yrs)	27.6	26.3	26.8
Number of Disabled Members in the Household (% of Region)			
None	87	84	85
One	12	13	13
2-6	1	3	2
Disability by Gender (% of Region)			
Males	59	57	58
Females	41	43	42
Disability by Age (% of Region)			
0-4 years old	11	15	13
5-9 years old	12	15	14
10-14 years old	14	11	13
15-49 years old	43	39	40
50-98 years old	20	20	20

Characteristic	Bethlehem	Hebron	Total
Disabled Parent Cousin Marriage (% of Region)			
First cousins (father's or mother's side)	29	32	30
Second cousins	10	10	10
Same extended family (*hamoula*)	21	19	20
No relation	40	39	40
Disability type (% of Region)			
Single	70	74	73
Multiple	30	26	27
Movement only	27	27	27
Mental only	19	17	18
Sensory only	36	38	37
Mixed disabilities	18	18	18